

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JAN 22 1982

C. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF DEEDS RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator
Stevens Operating Corporation

Address

P. O. Box 2203, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "D"	Well No. 3	Pool Name, including Formation Twin Lakes-San Andres Assoc.	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>9S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co. P/L Division	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Stevens Operating Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2203, Roswell, New Mexico 88201			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 1	Twp. 9S	Rge. 28E
	is gas actually connected?		When	
	Yes		1-14-82	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 12-30-81	Date Compl. Ready to Prod. 1-12-82		Total Depth 2740'		P.B.T.D. 2740'			
Elevations (DF, RAB, RT, CR, etc.) 3951.15 GL, 3956.15 KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 2619.5		Tubing Depth 2500'			
Perforations 2619.5 - 2644					Depth Casing Shoe 2740			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		123'		75 sacks			
7 7/8"	4 1/2" 9.5#		2740'		200 sacks			
4"	2 3/8"		2500'					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-12-82	Date of Test 1-14-82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 10 hrs	Tubing Pressure 150#	Casing Pressure Pkr	Choke Size 3/4"
Actual Prod. During Test 101	Oil-Bbls. 86	Water-Bbls. 15	Gas-MCF N/A

Tested ID
Comp Book
NRC 137
1-24-82

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Pat Thompson
(Signature)

Production Coordinator

(Title)

1-19-82

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 27 1982, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply recompleted wells.

ARTESIA FISHING TOOL COMPANY

P. O. BOX 647 PHONE (505) 746 6651

ARTESIA, NEW MEXICO 88210

RECEIVED

JAN 22 1982

O. C. D.
ARTESIA, OFFICE

January 19, 1982

Stevens Operating Corporation
PO Box 2203
Roswell, NM 88201


RE: O'Brien D #3
330' FNL & 990' FEL
Sec. 12, T9S, R38E
Chaves County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
512'	1/4°
1000'	1/4°
1506'	1/4°
2000'	1/2°
2481'	1/2°
2598'	1/2°
2740'	1°

Very truly yours,


B. N. Muncy Jr.
Secretary

STATE OF NEW MEXICO *l*
COUNTY OF EDDY *l*

The foregoing was acknowledged before me this 19th day of January, 1982.

