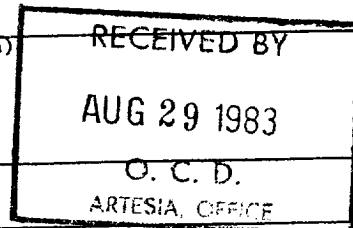


no. of copies required	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator STEVENS OPERATING CORPORATION ✓	
Address P. O. Box 2408, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
If change of ownership give name and address of previous owner _____	



DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name Slayton Federal	Well No. 1	Pool Name, Including Formation Pecos Slope Abo
Kind of Lease State, Federal or Fee Federal NM		14293
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>		
Line of Section <u>1</u> Township <u>8S</u> Range <u>26E</u> NMPH <u>Chaves</u> County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		(Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	Stevens Operating Corporation	P. O. Box 2408, Roswell, New Mexico 88201
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/>	Transwestern Pipeline Company	P. O. Box 2521, Houston, Texas 77252
It well produces oil or liquids, give location of tanks.	Unit D	Sec. 1
	Top. 8S	Rge. 26E
	Is gas actually connected?	When 6-8-82

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

COMPLETION DATA

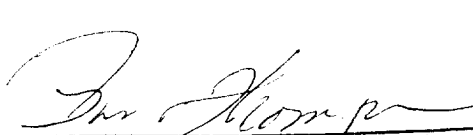
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (DF, RNB, WT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Wbls.	Water-Wbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Wbls. 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 Controller (Title) August 26, 1983 (Date)	OIL CONSERVATION DIVISION APPROVED <u>AUG 29 1983</u> , 19____ BY <u>Leslie A. Clements</u> TITLE <u>Supervisor District II</u> This form is to be filed in compliance with RULE 1102. If this is 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 ownership, well name or number, or transporter, or other such change of condition.
---	--