

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRODUCTION OFFICE	

Operator
Stevens Operating Corporation

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

Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>O'Brien "GG"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Twin Lakes-San Andres</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>C</u> ; <u>1650</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>North</u> Line of Section <u>8</u> Township <u>9S</u> Range <u>29E</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"/> <u>Navajo Refining Co. P/L Division</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Drawer 175, Artesia, New Mexico 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Stevens Operating Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2203, Roswell, New Mexico 88201</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>5</u>
	Twp. <u>9S</u>	Rge. <u>29E</u>
	Is gas actually connected? <u>Yes</u> When <u>10-1-81</u>	

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>8-31-81</u>	Date Compl. Ready to Prod. <u>10-1-81</u>		Total Depth <u>2930'</u>		P.B.T.D. <u>2910'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3922.7 CR, 3927.7 KB</u>	Name of Producing Formation <u>San Andres</u>		Top Oil/Gas Pay <u>2820.5</u>		Tubing Depth <u>2708'</u>			
Perforations <u>2820.5, 21, 21.5, 2829, 29.5, 30, 2842, 42.5, 43, 43.5,</u> <u>2847.5, 48, 48.5, 2851, 51.5, 52</u>					Depth Casing Shoe <u>2910'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8" 20#</u>	<u>130'</u>	<u>75</u>
<u>7 7/8"</u>	<u>4 1/2" 9.5#</u>	<u>2910'</u>	<u>200</u>
<u>4"</u>	<u>2 3/8"</u>	<u>2708'</u>	

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 <u>10-1-81</u>	Date of Test <u>10-20-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>35#</u>	Casing Pressure <u>35#</u>	Choke Size <u>N/A</u>
Actual Prod. During Test <u>20 bbls</u>	Oil-Bbls. <u>10</u>	Water-Bbls. <u>10</u>	Gas-MCF <u>N/A</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

[Signature]
(Signature)
President
(Title)
10-27-81
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] 19
BY [Signature]
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepener 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 multiple completed wells.

STEVENS OPERATING CORPORATION

118 WEST FIRST STREET
P. O. BOX 2203
ROSWELL, NEW MEXICO 88202—2203

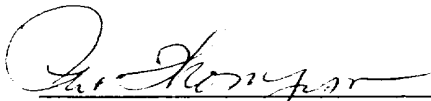
October 30, 1981

DON STEVENS
CURTIS STEVENS
505-622-7273

RE: O'Brien "GG" #2
Unit Letter C
1650 FWL and 330 FNL
Sec. 8, T-9-S, R-29-E
Chaves County, New Mexico

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

DEPTH	DEVIATION
500'	0°
1000'	1/4°
1500'	1/2°
2000'	1/2°
2500'	1°



Pat Thompson
Production Agent

STATE OF NEW MEXICO X
COUNTY OF CHAVES X

The foregoing was acknowledged before me this 30th day of October, 1981.

My commission expires:

October 14, 1984



Ceila L. Franco, Notary Public