

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Stevens Operating Corporation

Address

P. O. Box 2203, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
O'Brien "GG"	3	Twin Lakes-San Andres	State, Federal or Fee Fee	

Location

Unit Letter E : 1650 Feet From The North Line and 330 Feet From The WestLine of Section 8 Township 9S Range 29E , NMPM, Chaves County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Co. P/L Division	P. O. Drawer 175, Artesia, NM 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Stevens Operating Corporation	P. O. Box 2203, Roswell, NM 88201			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	E	8	9S	29E
Is gas actually connected?	When			
Yes	9-24-81			

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

## COMPLETION DATA

Completion Data		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
9-11-81	9-24-81		2870'			2863'			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
2919.0 GR, 3224.0 KB	San Andres		2801.5			2702'			
Perforations	2801.5, 02, 02.5, 05.5, 06, 06.5, 11, 11.5, 12, 13.5, 14, 15, 15.5, 16, 16.5, 22.5, 23, 23.5					Depth Casing Shoe			
						2863'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	125'	75 sacks
7 7/8"	4 1/2"	2863'	200 sacks
4"	2 3/8"	2702'	

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)

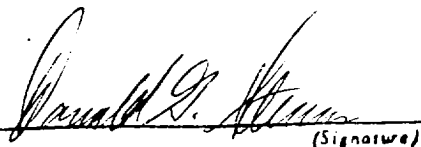
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-24-81	11-9-81	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	35#	35#	----
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
32 bbls	7.0	25.00	11.02

## GAS WELL

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

## 1. 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.

President  
(Title)11/16/81  
(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 20 1981, 19BY D. G. Stevens  
TITLE SUPERVISOR, OFFICE 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 multiple completed wells.