

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	<input checked="" type="checkbox"/>

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

AUG 29 1983

O. C. D.

ARTESIA, OFFICE

Operator  
STEVENS OPERATING CORPORATION

Address

P. O. Box 2408, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

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 State, Federal or Fee	Lease No.
Edmondson Federal	1	Pecos Slope Abo	Federal NM	43524
Location				
Unit Letter D; 660 Feet From The North Line and 660 Feet From The West				
Line of Section 11 Township 7S Range 25E NMPM Chaves County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X	(Give address to which approved copy of this form is to be sent)					
Stevens Operating Corporation	P. O. Box 2408, Roswell, New Mexico 88201					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X	(Give address to which approved copy of the form is to be sent)					
Transwestern Pipeline Company	P. O. Box 2521, Houston, Texas 77252					
It well produces oil or liquids, give location of tanks.	Unit	Sec.	Top.	Rge.	Is gas actually connected?	When
	D	11	7S	25E	Yes	12-8-81

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, RKB, HT, 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-Rhls.	Water-Rhls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rhls. Condensate/SWCF	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 AUG 29 1983, 19

BY Original Signed By  
Leslie A. Clements  
TITLE Supervisor District II

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

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 allow-  
able 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.

Separate Form C-104 must be filed for each pool in multiply

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

RECEIVED

MAR 08 1983

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS O. C. D.  
ARTESIA, OFFICE

STATE OF NEW MEXICO	
DEPARTMENT OF REVENUE	
REGISTRATION DIVISION	
SANTA FE	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
REGISTRAR	

STEVENS OPERATING CORPORATION

Address

P. O. Box 2408, Roswell, New Mexico 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)

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.
Edmondson Federal	1	Pecos Slope Abo	State, Federal or Fee Federal	NM 43524

Location

Unit Letter D : 660 Feet From The North Line and 660 Feet From The WestLine of Section 11 Township 7S Range 25E , NMPM, Chaves County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil	P. O. Drawer 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<i>Transwestern Pipeline Co.</i>	<i>P.O. Box 1511, Houston, TX 77001</i>
Unit Sec. Twp. Rge.	Is gas actually connected? When
<u>D</u> <u>11</u> <u>7S</u> <u>25E</u>	<u>Yes</u> <u>4-9-81</u>

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

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

Production Controller

March 7, 1983

## OIL CONSERVATION DIVISION

APPROVED MAR 09 1983, 19BY Mike WalkerTITLE OIL AND GAS INSPECTOR

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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 multi-completed wells.