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U.S.D.E.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JAN 8 1982

O. C. S.

VERIFIED

1. OPERATOR Stevens Operating Corporation	
Address P. O. Box 2203, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" 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 type="checkbox"/>

If change of ownership give name and address of previous owner _____

2. DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "D"	Well No. 4	Pool Name, Including Formation Twin Lakes-San Andres Assoc.	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East				
Line of Section 12 Township 9S Range 28E, 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"/> 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? Yes	
	When 1-1-81	

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 <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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-20-81	Date Compl. Ready to Prod. 1-1-82		Total Depth 2710'		P.B.T.D. 2710'			
Elevations (DF, RKB, RT, GR, etc.) 3921.10 GR, 3926.10 KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 2577'		Tubing Depth 2490'			
Perforations 2577, 77.5, 2586.5, 87, 87.5, 2590, 90.5, 91, 2594.5, 95, 95.5, 2604, 04.5, 2607.5, 08, 2609.5, 10, 10.5, 2617, 17.5, 2620.5, 21					Depth Casing Shoe 2710'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 20#		127'		75 sacks			
7 7/8"	4 1/2" 9.5#		2710'		175 sacks			
4"	2 3/8"		2490'					

3. 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 1-1-82	Date of Test 1-4-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 4 hrs.	Tubing Pressure 400#	Casing Pressure Pkr.	Choke Size 36/64
Actual Prod. During Test 102 bbls	Oil-Bbls. 96	Water-Bbls. 6	Gas-MCF N/A

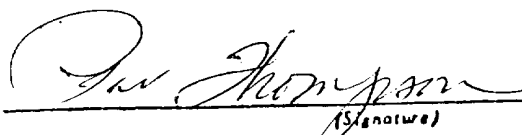
Posted ID-2
Comp. Book
NRC/STV
1-15-82

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

4. 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 Clerk
1-5-82
(Date)

OIL CONSERVATION DIVISION

JAN 11 1982

APPROVED _____
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 multiple recompleted wells.

ARTESIA FISHING TOOL COMPANY

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

ARTESIA, NEW MEXICO 88210

RECEIVED

JAN 8 1982

O. C. D.
ARTESIA, OFFICE

January 6, 1982

Stevens Operating Corporation
PO Box 2203
Roswell, NM 88201

RE: O'Brien D #4
1650' FNL & 990' FEL
Sec. 12, T9S, R28E
Chaves County, New Mexico

Gentlemen:

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

DEPTH	DEVIATION
502'	1/4°
1021'	1/4°
1512'	1/4°
2000'	1/2°
2508'	3/4°
2710'	3/4°

Very truly yours,



B. N. Muncy Jr.

STATE OF NEW MEXICO Ø
COUNTY OF EDDY Ø

The foregoing was acknowledged before me this 6th day of January, 1982

