

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

MAR 23 1982

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

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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
M.S.U.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	
GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator
STEVENS OPERATING CORPORATION

Address

P. O. Box 2408, Roswell, NM 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Edmondson Federal	Well No. 3	Pool Name, Including Formation Peeps Stone Undesignated Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM43524
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>7S</u> Range <u>25E</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Transwestern Pipeline Company	P. O. Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <u>No</u> <u>Yes</u> <u>12-2-82</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 2-10-82	Date Compl. Ready to Prod. 3-7-82	Total Depth 4149'	P.B.T.D. 4149'					
Elevations (DF, RKB, RT, GR, etc.) 3706.5 GR	Name of Producing Formation Abo	Top Oil/Gas Pay 3859'	Tubing Depth 3989'					
Perforations 3859, 61, 61.5, 62.5, 63, 63.5, 67.5, 68, 68.5, 70.5, 71, 71.5, 75.5, 76, 80.5, 81, 81.5, 87.5, 88, 88.5, 3930.5, 31, 31.5, 39.5, 40, 40.5, 44.5, 46.5, 47, 47.5, 50.5, 51, 51.5, 56, 56.5, 58, 58.5, 62, 62.5, 63		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14 3/4	10 3/4	855'	400 sks 65/35 POZ, 200 CL					
7 7/8	4 1/2	4149'	200 sks Self Stress					
	2 3/8	3989'						

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 1450 MCF	Length of Test 24 hrs	Bbls. Condensate/MCF ---	Gravity of Condensate ---
Testing Method (spiral, back pr.) Back Pressure	Tubing Pressure (shut-in) 100#	Casing Pressure (shut-in) 110#	Choke Size 3/4

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 Coordinator

(Title)

March 19, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 7 1982BY Original Signed By
Leslie A. ClementsTITLE 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 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 allow
able 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 conditionSeparate Forms C-104 must be filed for each pool in multiple
completed wells.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED

DEC 6 1982

O. C. D.
ARTESIA OFFICE

NOTICE OF GAS CONNECTION

DATE December 3, 1982

This is to notify the Oil Conservation Division that connection for the
purchase of gas from the Stevens Operating Corp.

Operator

Edmondson-Federal

Lease

Well #3-Unit Letter ~~unknown~~

Well Unit

13-7S-25E, Chaves County

S.T.R.

Undesignated (Abo)

Pool

Transwestern
Name of purchaser

was made on December 2, 1982

Transwestern Pipeline Company
Company


H. N. Aicklen
Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe