

RECEIVED

MAR 15 1983

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

STEVENS OPERATING CORPORATION

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

Reason(s) for filing (Check proper box)

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

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	3	Pecos Slope Abo	State, Federal or Fee Federal	NM 43524
Location	Unit Letter	Line and	Feet From The	Feet From The
	L	1980	South	660 West
Line of Section	Township	Range	County	
13	7S	25E	Chaves	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	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	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company		P. O. Box 2521, Houston, Texas 77252
Is well produces oil or liquids, give location of tanks.	Unit	Sec.
	L	13
		7S
		25E
Is gas actually connected?	When	
Yes	12-2-82	

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Locations			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.


(Signature)
Production Controller
(Title)
March 7, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 16 1983
Original Signed By
BY Leslie A. Clements
Supervisor District II
TITLE _____

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 deviator 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 filled for each pool in multiple.