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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) Other (Please explain)

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"/>

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	3	Pecos Slope Abo	Federal NM	43524

Location	Unit Letter	L	: 1980 Feet From The	South	Line and	660 Feet From The	West
Line of Section	13	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					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Top.	Rge.	Is gas actually connected?	When
	L	13	7S	25E	Yes	12-2-82

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.B.T.D.					
Elevations (RF, RNS, MT, 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 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
Actual Prod. During Test	Oil-Rbln.	Water-Rbln.
		Choke Size

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Rbln. Condensate/SURF	Gravity of Condensate
Testing Method (prior, back prod.)	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.

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 allowable 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.

Pat Thompson (Signature)
Production Controller (Title)

August 26, 1983