

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

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
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EL PASO	<input checked="" type="checkbox"/>
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TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input checked="" type="checkbox"/>
EDITOR	<input checked="" type="checkbox"/>

STEVENS OPERATING CORPORATION ✓
Address
P. O. Box 2408, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name: Cobie Ebied Federal
Well No.: 1
Pool Name, including Formation: Pecos Slope Abo
Kind of Lease: Federal
Lease No.: NM 29207
Location
Unit Letter: J
1980 Feet From The South Line and 1730 Feet From The East
Line of Section: 13
Township: 8S
Range: 25E
NWPM, Chaves County


DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Navajo Crude Oil
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 ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks:
Unit: J
Sec.: 13
Twp.: 8S
Rge.: 25E
Is gas actually connected? When:

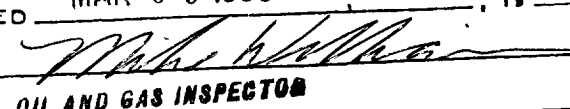
This production is commingled with that from any other lease or pool, give commingling order number:
COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
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 - 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 (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.

Production Controller
March 7, 1983
(Date)

OIL CONSERVATION DIVISION
MAR 09 1983
APPROVED
BY: 
TITLE: 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 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 filled for each pool in multiple wells.