

RECEIVED

MAR 15 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

REGISTRATION	
PERMIT	
SALES	
TRANSPORT	
PRODUCTION	
REGISTRATION OFFICE	

STEVENS OPERATING CORPORATION

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

Reason(s) for filing (Check proper box)

New Well	☐	ADD
Incompletion	☐	Change in Transporter of:
Change in Ownership	☐	Oil ☐ Dry Gas ☐
		Casinghead Gas ☐ Condensate ☒

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.
Sun Federal	3	Pecos Slope Abo	State, Federal or Fee Federal	NM022584

Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 28 Township 7S Range 26E , NM014 Chaves County

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 275, 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 100, Houston, Texas 77252

Well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually produced when
	F	28	7S	26E	Yes 6-2-82 12-3-92

This production is commingled with that from any other lease or pool, give commingling number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Recompletion	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RAB, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLES	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

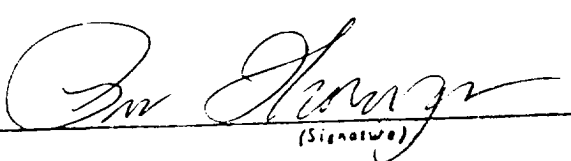
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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
(Title)

March 7, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 16 1983**

BY Original Signed By
Leslie A. Clements
Supervisor District II

TITLE _____

This form is to be filled 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 location, or transporter, or other such change of condition.

Separate forms C-104 must be filed for each pool in multiply