

Form C-104  
Revised 10-1-78

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

SEP 29 1982

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

|                        |     |   |   |
|------------------------|-----|---|---|
| NO. OF COPIES RECEIVED |     |   |   |
| DISTRIBUTION           |     |   |   |
| SANTA FE               |     | 1 | 1 |
| FILE                   |     | 1 | 1 |
| U.S.O.B.               |     |   |   |
| LAND OFFICE            |     |   |   |
| TRANSPORTER            |     |   |   |
|                        | OIL | 1 | 1 |
|                        | GAS | 1 | 1 |
| OPERATOR               |     | 1 | 1 |
| PRORATION OFFICE       |     |   |   |
| TOTAL                  |     |   |   |

STEVENS OPERATING CORPORATION

Address  
P. O. Box 2408, Roswell, NM 88201

Reason(s) for Tiling (Check proper box)

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

Other (Please explain)

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

| DESCRIPTION OF WELL AND LEASE |          |                                |                                   | Lease No.                     |
|-------------------------------|----------|--------------------------------|-----------------------------------|-------------------------------|
| Lease Name                    | Well No. | Pool Name, Including Formation | Kind of Lease                     | Lease No.                     |
| O'Brien "D"                   | 5        | Twin Lakes - San Andres Assoc. | State, Federal or Fee Fee         |                               |
| Location                      |          |                                |                                   |                               |
| Unit Letter                   | G        | : 1650 Feet From The           | North Line and 2310 Feet From The | East                          |
| Line of Section               | 12       | Township                       | 9S                                | Range 28E, NMPM, Chaves Count |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  |      |      |      |      | Address (Give address to which approved copy of this form is to be sent) |        |
|--|------|------|------|------|--|--------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         |      |      |      |      | Address (Give address to which approved copy of this form is to be sent) |        |
| Navajo Refining Co./Pipeline Division  |      |      |      |      | P. O. Drawer 175, Artesia, NM 88210                                      |        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> |      |      |      |      | Address (Give address to which approved copy of this form is to be sent) |        |
| MAPCO Production Company   |      |      |      |      | P. O. Box 2115, Tulsa Oklahoma 74101-2115                                |        |
| If well produces oil or liquids,<br>give location of tanks.  | Unit | Sec. | Twp. | Rge. | Is gas actually connected?   | When   |
|  | M    | 1    | 9S   | 28E  | Yes  | 9-8-82 |

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

**COMPLETION DATA**

| COMPLETION DATA                               |   |          |                         |          |          |                           |           |             |            |
|---|---|----------|-------------------------|----------|----------|---------------------------|-----------|-------------|------------|
| Designate Type of Completion - (X)            |   | Oil Well | Gas Well                | New Well | Workover | Deepen                    | Plug Back | Same Res'v. | Diff. Res. |
|   |   | X        |                         |          | X        |                           |           | X           |            |
| Date Spudded<br>1-19-82                       | Date Compl. Ready to Prod.<br>9-8-82      |          | Total Depth<br>2732'    |          |          | P.B.T.D.                  |           |             |            |
| Elevations (DF, RKB, RT, GR, etc.)<br>3917 GL | Name of Producing Formation<br>San Andres |          | Top Oil/Gas Pay<br>2589 |          |          | Tubing Depth<br>2484      |           |             |            |
| Perforations<br>2589-2610                     |   |          |                         |          |          | Depth Casing Shoe<br>2732 |           |             |            |

## TUBING, CASING, AND CEMENTING RECORD

| TUBING, CASING, AND CEMENTING RECORD |                      |           |              |
|--------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE                            | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 9 7/8"                               | 8 5/8"               | 1291      | 75 sxs       |
| 7 7/8"                               | 4 1/2"               | 2732      | 200 sxs      |
| 4"                                   | 2 3/8"               | 2484      |              |
|                                      |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all  
OIL WELL able for this depth or be for full 24 hours)  
Method (Flow pump, gas lift, etc.)

| OIL WELL                                  |                        | Producing Method (Flow, pump, gas lift, etc.) |                 |
|---|------------------------|---|-----------------|
| Date First New Oil Run To Tanks<br>9-8-82 | Date of Test<br>9-8-82 | Pump  |                 |
| Length of Test<br>24 hrs.                 | Tubing Pressure<br>20# | Casing Pressure<br>20#                        | Choke Size<br>X |
| Actual Prod. During Test<br>113.25        | Oil-Bble.<br>2.50      | Water-Bble.<br>110.75                         | Gas-MCF<br>-0-  |

## GAS WELL

| GAS WELL                         |                           |                           |                                  |
|----------------------------------|---------------------------|---------------------------|----------------------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate <i>600</i> |
| 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.

*Gar Thompson*  
(Signature)

Production Coordinator

September 28, 1982

(Date)

**OIL CONSERVATION DIVISION**

SEP 30 1982

APPROVED \_\_\_\_\_, 19

APPROVED \_\_\_\_\_ Original Signed By  
BY \_\_\_\_\_ [Signature]

TITLE 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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE III.

All sections of this form must be filled out completely for all tests taken on the well in accordance with the instructions available 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 filed for each pool in multi-completed wells.