

## RECEIVED

MAR 15 1983

O. C. D.  
ARTESIA, OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

STEVENS OPERATING CORPORATION

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

Reason(s) for filing (Check proper box)

See Well	<input type="checkbox"/>	<sup>ABD</sup> <del>Change</del> in Transporter of:	
Incompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

Other (Please explain)

(change of ownership give name and address of previous owner \_\_\_\_\_)

### DESCRIPTION OF WELL AND LEASE.

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Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Edmondson Federal	4	Pecos Slope Abo	Federal	NM 43524

Location \_\_\_\_\_  
 Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 13 Township 7S Range 25E, NMPM, Chaves

## 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 type="checkbox"/>	or Condensate <input checked="" type="checkbox"/>	P. O. Drawer 175, Artesia, New Mexico 88210	
Navajo Crude Oil		Address (Give address to which approved copy of this form is to be sent)	

Navajo Crude Oil	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	
Transwestern Pipeline Company	P. O. Box 2521, Houston, Texas 77252

Transwestern Pipeline Company	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
Well produces oil or liquids, give location of tanks.	J	13	7S	25E	Yes	1-6-83

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

## COMPLETION DATA

COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir
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

TUBING, CASING, & CEMENT DATA			
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 all  
able for this depth or be for full 24 hours)

OIL WELL			
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

GAS WELL		Bbls. Condensate/MSCF	Gravity of Condensate
Actual Prod. Test - MSCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

**CERTIFICATE OF COMPLIANCE**

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 MAR 16 1983, 19

BY \_\_\_\_\_ Original Signed By  
Leslie A. Clements

TITLE Supervisor District II

This form is to be filled 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 deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all  
side on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of information. Separate Forms C-104 must be filed for each pool in completed wells.

Production Controller

March 7, 1983

(Date)