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LAND OFFICE			
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	OIL		
	GAS		
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PROMOTION OFFICE			
TELETYPE			

SANTA FE, NEW MEXICO 87501 APP 2

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Stevens Operating Corporation ✓

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

Exempt(s) for filing (Check proper box)

Now well	<input checked="" type="checkbox"/>	Change In Transporter of:		
Recompletion	<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 type="checkbox"/>

Other (Please explain)

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.
Helen-Collins <i>Fed.</i>	1	Wildcat	Federal	NM-38342

Location

Unit Letter L : 1980 Feet From The South Line and 935 Feet From The West

Line of Section 5 Township 7S Range 26E , NMPM, Chaves County

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 type="checkbox"/>						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Company					P. O. Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

If this production is 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 Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded 2-23-82	Date Compl. Ready to Prod. 3-26-82	Total Depth 4350'				P.B.T.D. 4312'			
Elevations (DF, RKB, RT, GR, etc.) 3597.7 GL	Name of Producing Formation Abo	Top Oil/Gas Pay 3669.5'				Tubing Depth 3600'			
Perforations 3669.5, 70, 70.5, 73, 74, 74.5, 76.5, 77, 77.5, 79.5, 80, 83.5, 84, 3818, 18.5, 19, 21.5, 22, 23.5, 24, 24.5, 25, 45, 3940.5, 41, 41.5,						Depth Casing Shoe 4312			
43, 43.5, 44, 46.5, 47, 50, 50.5, 51 TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
14 3/4"	10 3/4"		810'			400 s/65/35, 200/s C1 C			
7 7/8"	4 1/2"		4312'			325 s/Self Stres			
	2 3/8"		3600'						

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)

OIL WELL		DATE FOR THIS REPORT (SEE PAGE 10)	
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
916	24 hrs	-----	----
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
back pressure	580	---	15/64

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.

Per Thompson
(Signature)

Production Coordinator
(Title)

April 7, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 7 1983, 19 83

BY _____ Original Signed By
Leslie A. Clements
TITLE _____ Supervisor District 1

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 filed for each pool in multiply completed wells.

STEVENS OPERATING CORPORATION

118 WEST FIRST STREET

P. O. BOX 2203

ROSWELL, NEW MEXICO 88201

505 /622-7273

RECEIVED

January 7, 1983

JAN 11 1983

O. C. D.

ARTESIA OFFICE

RE: Helen Collins Federal #1
1980' FSL, 935' FWL
Sec. 5, T-7-S, R-26-E
Chaves County, NM
NM 38342

DEVIATION SURVEY

545'	1°
1215'	1°
1505'	3/4°
1953'	3/4°
2423'	3/4°
2973'	1 1/4°
4050'	1 3/4°
4350'	1 1/2°




Pat Thompson
Production Controller

STATE OF NEW MEXICO

COUNTY OF CHAVES

The foregoing instrument was acknowledged before me this 7th day of January, 1983, by Pat Thompson.


Notary Public

My Commission Expires:

October 14, 1984

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"
ARTESIA, NEW MEXICO 88210

RECEIVED

DEC 29 1982

O. C. D.
ARTESIA OFFICE

NOTICE OF GAS CONNECTION

DATE December 27, 1982

This is to notify the Oil Conservation Division that connection for the
purchase of gas from the Stevens Operating Corp. ✓
Operator

Helen Collins

Lease

Well #1 - Unit Letter ~~Unknown~~

Well Unit

5-7S-26E, Chaves County

S.T.R.

~~Undesignated~~ (Abo)

Pool

Transwestern

Name of purchaser

was made on December 22, 1982

Transwestern Pipeline Company
Company

H. N. Aicklen
Representative

Supervisor Gas Purchase Contract Administration
Title

cc: Operator
Oil Conservation Division - Santa Fe