

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

MAR 15 1983

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
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)

... Well	<input type="checkbox"/>
... completion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>

ADD
~~Change in~~ Transporter of:
Oil ☐
Casinghead Gas ☐

Other (Please explain)

change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE.

Well No.	Pool Name, Including Formation	Kind of Lease	State, Federal or Foreign	Lease No.
1	Wildcat	Federal	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 ☒ at Condensate ☐ ☐

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Applicant Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)
 P. O. Drawer 175, Artesia, New Mexico 88210

Name: <u>Naval</u> Title: <u>Oil</u> Employer: <u>Transporter of Casinghead Gas</u> <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	P. O. Drawer <u>175</u> Address: (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2521, Houston, TX 77252</u>
---	--

Tran	Pipeline Company	Unit	Sec.	Twp.	Rge.	P. O. Box 2521, Houston, TX 77211	Is gas actually connected?	When
1	of Liquids,	L	5	7S	26E		Yes	12-22-82

commingled with that from any other lease or pool, give commingling order numbers:

Well Completion Data		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date of Completion - (X)									
Date Compl. Ready to Prod.		Total Depth				P.B.T.D.			
Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING			
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

GAS WELL		Gravity of Condensate	
Actual Fld. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (prior, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.

OIL CONSERVATION DIVISION

APPROVED MAR 16 1983, 19

BY _____ Original Signed By
Jesse 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 deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
This form is to be filled out completely for all

All sections of this form must be filled out completely for all wells 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. A new form must be filed for each pool in multi-

Separate Forms C-104 must be filed for each pool in multi-walled wells.