

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501RECEIVED BY
Form C-104
Revised 10-1-78
JAN 31 1985
O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Stevens Operating Corporation

Address

P. O. Box 2203 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐Change in Transporter of:
Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☐

Other (Please explain)

Helen Collins Federal #1
Well Name ChangeIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name: Helen Collins Fed. Com. 1 Well No.: 1 Pool Name, including Formation: Pecos Slope Abo Kind of Lease: Federal State, Federal or Fee: NM-38342

Location

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

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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate

Navajo Crude Oil Purchasing

(Give address to which approved copy of this form is to be sent)
P.O. Drawer 175, Artesia, NM 88210

Name of Authorized Transporter of Casinghead Gas or Dry Gas

Transwestern Pipeline Company

(Give address to which approved copy of the form is to be sent)
P.O. Box 2521, Houston, TX 77001If well produces oil or liquids,
give location of tanks.

Unit L Sec. 5 Twp. 7-S Rge. 26-E

Is gas actually connected? Yes

When 1-22-82

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

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.S.T.D.

Elevations (DF, RKB, RT, CH, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

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)

Rate 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-Rhin.

Water-Rhin.

Gas-Rhin.

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Rhin. Condensate/MCF

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.

(Signature)

Production Controller

(Title)

1-30-85

(Date)

OIL CONSERVATION DIVISION

APPROVED

FEB 5 1985

, 19

BY

Original Signed By

TITLE

Leslie A. Clements

Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is request for allowable for a newly drilled or reopened 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 ownership, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple