

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

MAY 28 1992

O. C. D.
PERMIT OFFICE

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		Well APNs
Pecos River Operating, Inc.		30-005-61443
Address		
5949 Sherry Lane, Suite 755, Dallas, TX 75225		
Person(s) for Filing (Check proper box)		
☐ New Well ☐ Change in Transporter of:		
☐ Recompletion ☐ Oil ☐ Dry Gas ☐		
☒ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator		
Stevens Operating Corporation, P. O. Box 2408, Roswell, NM 88202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.				
Mitchell	1	Pecos Slope Abo	State, Federal or Fee					
Location								
Unit Letter	D	660	Feet From The North Line and	990				
Section	9	Township	6S	Range	26E	, NMFM,	Chaves	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)				
Navajo Crude Oil Purchasing		P. O. Drawer 175, Artesia, NM 88210				
Name of Authorized Transporter of Casinghead Gas	☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)				
Comanche Gas Gathering Limited Partnership		5949 Sherry Lane, Suite 755, Dallas, TX 75225				
If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rgn.	In gas actually connected?	When?
	D	9	6S	26E	Yes	11/16/82

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	☐ Oil Well	☐ Gas Well	☐ New Well	☐ Workover	☐ Deepen	☐ Plug Back	☐ Same Resv	☐ Diff Resv
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DT, PEB, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
HOLE SIZE		TUBING, CASING AND CEMENTING RECORD		DEPTH SET		SACKS CEMENT		
		CASING & TUBING SIZE						

V. 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 Tank	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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size

posted ID-3
7-31-92
Ekg or

VI. OPERATOR 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
Patricia Thompson Greenwade
Printed Name
5/26/92
Date

Agent
Title
(505) 623-7161/622-7273
Telephone No

OIL CONSERVATION DIVISION

Date Approved JUL 29 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT I

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.