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JUL 6 1982

O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator  
STEVENS OPERATING CORPORATIONAddress  
P. O. Box 2408, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 O'Brien "DB"	Well No. 2	Pool Name, Including Formation Twin Lakes San Andres Assoc	Kind of Lease State, Federal or Fee Fee	Lease No. N/A
Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>FSL</u> Line and <u>330</u> Feet From The <u>FEL</u> Line of Section <u>12</u> Township <u>9S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company Pipeline Division	Address (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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Stevens Operating Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2408 Roswell N.M. 88201	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>1</u>
	Twp. <u>9</u>	Rge. <u>28</u>
	Is gas actually connected? <u>Yes</u> When <u>7-3-82</u>	

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6-20-82	Date Compl. Ready to Prod. 7-3-82	Total Depth 2800'	P.B.T.D. 2778'					
Elevations (DF, RKB, RT, GR, etc.) 2950'	Name of Producing Formation Abo	Top Oil/Gas Pay 2685'	Tubing Depth 2778'					
Perforations 2685, 85.5, 86, 93.5, 94, 94.5, 2700, 2700.5, 05.5, 06, 06.5, 10, 11							Depth Casing Shoe 2800'	

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	8 5/8"	130'	75 sxs Class C 2% CaCl <sub>2</sub>
7 7/8"	4 1/2"	2800'	200 sxs Self Stress
	2 3/8"	2778'	

## 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 7-3-82	Date of Test 7-3-82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 6 hrs	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 85.6	Water-Bbls. 2	Gas-MCF N/A

## GAS WELL

Actual Prod. Test-MCF/D.	Length of Test	Bbls. Condensate/MMCF	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)

President

(Title)

July 2, 1982

(Date)

## OIL CONSERVATION DIVISION

JUL 7 1982

APPROVED \_\_\_\_\_, 19

BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT II

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

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ARTESIA, OFFICE

July 2, 1982

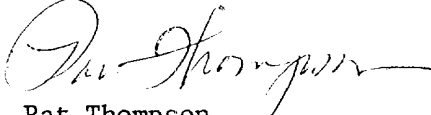
RE: O'Brien "DB" #2  
Sec 12, T-9-S, R-28-E  
330' FSL & 330' FEL  
Chaves County, New Mexico

The following is a deviation survey on the above mentioned well.

<u>DEPTH</u>	<u>DEVIATION</u>
504'	1/4°
977'	1/2°
1526'	1/4°
2039'	1/4°
2500'	1/4°
2800'	1/2°

Sincerely,

STEVENS OPERATING CORPORATION



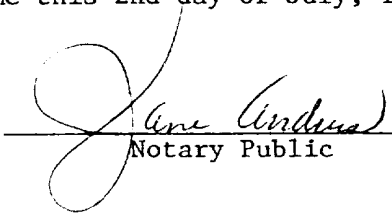
Pat Thompson  
Production Coordinator

Subscribed and sworn to before me this 2nd day of July, 1982.

My commission expires:

11-13-83

(Seal)

  
Notary Public