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RECEIVED BY: O. BOX 2088
SANTA FE, NEW MEXICO 87501
OCT 28 1986
O. C. D.
REQUEST FOR ALLOWABLE AND
AUTHORITY OFFICE TRANSPORT OIL AND NATURAL GAS

Operator
STEVENS OPERATING CORPORATION

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input 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 checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name O'Brien "P"	Well No. 1	Pool Name, including Formation Red Lake Ridge San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
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Location

Unit Letter **C** : **660** Feet From The **North** Line and **1980** Feet From The **West**

Line of Section **28** Township **8S** Range **29E** **NMPH** **Chaves** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate Navajo Crude Oil Purchasing	(Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas Oxy Cities Service	(Give address to which approved copy of the form is to be sent) P. O. Box 300, Tulsa, OK 74102

It well produces oil or liquids, give location of tanks.	Unit C	Sec. 28	Top. 8S	Rge. 29E	Is gas actually connected? <input checked="" type="checkbox"/>	When 10-19-84
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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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CW, 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
			Post ID-3
			10-21-86
			chg. GT: b EC

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 total 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-Mbls.	Water-Mbls.	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/24	Length of Test
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.

Ray Greenwade
(Signature)
Production Controller
(Title)
10/27/86
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 30 1986**, 19 _____

BY **Original Signed By**
Les A. Clements
Supervisor District II

TITLE _____

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

If this is request for allowable for a newly drilled or recomed 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 filled for each pool in multiply completed wells.