

P. O. BOX 2088

RECEIVED BY, NEW MEXICO 87501

OCT 28 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, OFFICE

no. of copies required	
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"/>
PRORATION OFFICE	

Operator

STEVENS OPERATING CORPORATION

Address

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
O'Brien "LLL"	1	Red Lake Ridge San Andres	State, Federal or Fee	Fee

Location

Unit Letter N: 660 Feet From The South Line and 1980 Feet From The WestLine of Section 21 Township 8-S Range 29-E NMPH Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	<u>N</u>	<u>21</u>	<u>8-S</u>	<u>29-E</u>	<u>Yes</u>	<u>10-19-84</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
Elevations (DF, RKB, MT, GK, 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
			<u>Post ID-3</u>
			<u>10-31-86</u>
			<u>Add RT:OCS</u>

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-Wht.	Water-Wht.	Gas-Wht.

GAS WELL

Actual Prod. Test-WCF/D	Length of Test	Wht. Condensate/WCF	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.

Production Controller

10/27/86

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 30 1986, 19BY Original Signed ByTITLE Supervisor District II

This form is to be filed in compliance with RULE 1102.

If this is 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 ownership, well name or number, or transporter, or other such change of condition.

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