

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Stevens Operating Corporation ✓

Address
P.O. Box 2203, Roswell, New Mexico 88202

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Helen Fed. Com.	Well No. 1	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM 27916
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>7S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Comanche Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2408, Roswell, New Mexico 88202
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>4</u> Twp. <u>7S</u> Rge. <u>26E</u> Is gas actually connected? <u>NO</u> When <u>10-7-88 Prod ID-2</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 18-7-88
camp + BR

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
General Manager
(Title)
September 30, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 7 1988, 19
BY Original Signed By
Mike Williams
TITLE

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 8/31/88	Date Compl. Ready to Prod. 9/29/88	Total Depth 9/8/88 4400'		P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.) 3650.2	Name of Producing Formation ABO	Top Oil/Gas Pay 3845'		Tubing Depth 4161'					
Perforations See below							Depth Casing Shoe 4400'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		746'		425sxs				
7 7/8"	4 1/2"		4400'		500sxs				
	2 3/8"		4161'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1200 MCFD	Length of Test 24	Bbls. Condensate/MCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) Flow test	Tubing Pressure (Shut-in) 130#	Casing Pressure (Shut-in) 500#	Choke Size 3/4"

Perforations: 3845,46,47,48,49,39,80,81,82,83,84,98,99,
4000,01,13,14,17,18 (18-.35")

4123,24,25,26,27,28,4148,49,50,51,52,53,54,
57,58,59,60,63,64,4237,38,40,41,42,43,44 (27-.4")

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NEW MEXICO OIL CONSERVATION DIVISION

OCT 04 '88

P. O. DRAWER "DD"

O. C. D.
ARTESIA, OFFICE

ARTESIA, NEW MEXICO 88210

NOTICE OF GAS CONNECTION

DATE: October 3, 1988

This is to notify the Oil Conservation Division that connection for the purchase of gas from the Stevens Operating Corporation Helen Federal Com #1 Well located in Unit Letter B, Section 4, Township 7 South, Range 26 East, Chaves County, New Mexico, Pecos Slope Abo, was made by Comanche Pipeline Company on October 1, 1988.

COMANCHE PIPELINE COMPANY


Patricia Thompson Greenwade
General Manager

cc: Stevens Operating Corporation
Oil Conservation Division - Santa Fe