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

DISTRICT II  
P.O. Drawer DD, Azusa, 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

FEB -1 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

C. D.  
ESIA, OFFICE

Operator Stevens Operating Corporation		Well API No. 30-005-62736
Address P. O. Box 2408, Roswell, New Mexico 88202		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Request testing allowable New Well <input checked="" type="checkbox"/> Change in Transporter of: 3976 Barrels of oil for February, 1990 Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name McBride State Com.	Well No. 1	Pool Name, Including Formation Wildcat Fusselman	Kind of Lease State, Federal or Fee	Lease No. LG-7426
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 28 Township 10S Range 27E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX, 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 28	Twp. 10S	Rge. 27E	Is gas actually connected? No	When?
If this production is commingled with that from any other lease or pool, give commingling order number: No						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11/03/89	Date Compl. Ready to Prod. 11/30/89		Total Depth 6558'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3807' GR	Name of Producing Formation Fusselman		Top Oil/Gas Pay 6218'		Tubing Depth 6338			
Performances 6218, 35.5, 44.5, 54.5, 56.5, 68.5, 74.5, 78, 85, 89.5, 94, 99.5; 6305.5, 09, 16, 19.5, 26, 30, 44.5, 48.5, 49, 53, 55, 55.5, 61.5, 62, 64.								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 1004'		SACKS CEMENT 500 sxs, 7yds. Redi Mix			
7 7/8"	5 1/2"		6558'		1700 sxs			
7 7/8"	2 7/8"		6338					

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 Runs To Tank 11/30/89	Date of Test 12/21/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 1 3/4	Tubing Pressure 1840	Casing Pressure 1741	Choke Size 21/64
Actual Prod. During Test 26.26	Oil - Bbls. 23.76	Water - Bbls. 2.49	Gas - MCF 2893 MCFD

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 General Manager  
Printed Name  
Title  
01/31/90  
Date  
305-622-7273  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 2 8 1990

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.