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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

RECEIVED

DEC 5 '89

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

C. D.
SIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

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 type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>28</u> Township <u>10S</u> Range <u>27E</u> , NMPM, <u>Chaves</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Permian</u>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Transwestern Pipeline Company</u>	<u>P. O. Box 1188, Houston, TX, 77251-1188</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>28</u>
	Twp. <u>10S</u>	Rge. <u>27E</u>
	Is gas actually connected? <u>Yes</u>	When? <u>1-24-90</u>

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 <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>11/03/89</u>	Date Compl. Ready to Prod. <u>11/30/89</u>		Total Depth <u>6558'</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) <u>3807' GR</u>	Name of Producing Formation <u>Fusselman</u>		Top Oil/Gas Pay <u>6218'</u>		Tubing Depth <u>6500'</u>			
Perforations <u>6218, 35.5, 44.5, 54.5 56.5, 68.5, 74.5, 78, 85, 89.5, 94, 99.5; 6305.5,</u>					Depth Casing Shoe			
<u>09, 16, 19.5, 26, 30, 44.5, 48.5, 49, 53, 55, 55.5, 61.5, 62, 64.</u>								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4"</u>	<u>8 5/8"</u>		<u>1004'</u>		<u>500 sxs, 7yds. Redi Mix</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>6558'</u>		<u>1700 sxs</u>			
<u>7 7/8"</u>	<u>2 7/8"</u>		<u>6120'</u>		<u>Post ID-2</u>			
					<u>3-23-90</u>			

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 Run To Tank <u>11-30-89</u>	Date of Test	Producing Method (Flow, pump, gas lift, etc.) <u>Flow, N.G.</u>	
Length of Test <u>24</u>	Tubing Pressure <u>1840</u>	Casing Pressure <u>1741</u>	Choke Size <u>2 1/64</u>
Actual Prod. During Test	Oil - Bbls. <u>326</u>	Water - Bbls. <u>34</u>	Gas - MCF <u>2893</u>

GAS WELL

Actual Prod. Test - MCF/D <u>73</u>	Length of Test <u>1 hr.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>N/A</u>
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (Shut-in) <u>2000#</u>	Casing Pressure (Shut-in) <u>Pkr.</u>	Choke Size <u>14/64</u>

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
Printed Name
Patricia Thompson Greenwade
Title
General Manager
Date
December 1, 1989
Telephone No.
505-622-7273

OIL CONSERVATION DIVISION

Date Approved MAR 14 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.