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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

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

OIL CONSERVATION DIVISION

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

JAN -2 '90

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Stevens Operating Corporation	Well API No. 30-005-62740
Address P. O. Box 2408, Roswell, New Mexico 88202	
Reason(s) for Filing (Check proper box) 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"/> Other (Please explain)	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name O'Connell Fed. Com.	Well No. 1	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee	Lease No. NM 53957-A
Location Unit Letter E : 660 Feet From The West Line and 1980 Feet From The North Line Section 15 Township 6S Range 26E, NMPM, Chaves 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 Crude Oil Purchasing	Address (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 <input type="checkbox"/> Comanche Gas Gathering Ltd. Partnership	Address (Give address to which approved copy of this form is to be sent) 4131 N. Ctrl. Expwy, Dallas, TX 75204			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 15	Twp. 6S	Rge. 26E
Is gas actually connected?	Yes		When ? 12/28/89	

If this production is commingled with that from any other lease or pool, give commingling order number:

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 11/15/89	Date Compl. Ready to Prod. 12/28/89		Total Depth 5595'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3668.1' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 4133'		Tubing Depth 4039'			
Perforations 5091', 92, 93, 93 1/2, 5141 1/2', 42, 43 1/2, 44, 45, 45 1/2, 5413 1/2', 14, 14 1/2, 15 1/2, 16 4133 1/2, 34, 36 1/2, 37, 37 1/2, 40 1/2, 41, 41 1/2, 42, 44					Depth Casing Shoe 38,			
TUBING, CASING AND CEMENTING RECORD 45, 45 1/2, 46, 46 1/2, 50, 50 1/2								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 24# 5 1/2 17#		DEPTH SET 930' 5595'		SACKS CEMENT 250 sxs H/L + 200 class 680 sxs 65/35 premium plus poz			
238		4039						

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	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 CAOF 1772	Length of Test 4 hr	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) 4 point test	Tubing Pressure (Shut-in) 800#	Casing Pressure (Shut-in) 800#	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 Mgr.  
Printed Name  
12/29/89 (505) 622-7273  
Date  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 19 1990  
By Mike Williams  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

