

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, 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

MAY 28 1992

O. C. D.  
REGISTRATION SECTION

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

CLERK  
MT  
CT  
OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Pecos River Operating, Inc.</u>	Well API No.
Address <u>5949 Sherry Lane, Suite 755, Dallas, TX 75225</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Stevens Operating Corporation, P. O. Box 2408, Roswell, NM 88202</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>O'Connell Federal Com</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Pecos Slope Abo</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM 53957A</u>
Location				
Unit Letter <u>E</u>	<u>660</u>	Feet From The <u>West</u>	Line and <u>1980</u>	Feet From The <u>North</u>
Section <u>15</u>	Township <u>6S</u>	Range <u>26E</u>	<u>NMPM</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Crude Oil Purchasing</u>	<u>P. O. Drawer 175, Artesia, NM 88210</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>Comanche Gas Gathering Limited Partnership</u>	<u>5949 Sherry Lane, Suite 755, Dallas, TX 75225</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u>
Unit <u>E</u> Sec. <u>15</u> Twp. <u>6S</u> Rge. <u>26E</u>	When? <u>12/28/89</u>

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) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Recv <input type="checkbox"/> Diff Recv			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, 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

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 <u>posted ID-3</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>7-31-92</u>
<u>Ehg or</u>			
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, 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 Agent  
Printed Name Patricia Thompson Greenwade Title  
Date 5/26/92 Telephone No. (505) 623-7161/622-7273

OIL CONSERVATION DIVISION

Date Approved JUL 29 1992

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.