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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

APR 23 '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

O. C. D.
ARTESIA, OFFICE

I.

Operator Stevens Operating Corporation	Well API No. 30-005-62774
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. 2	Pool Name, Including Formation Diablo Fusselman	Kind of Lease State, Federal or Fee	Lease No. LG 7426
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2220</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>10S</u> Range <u>27E</u> , 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, TX 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 B	Sec. 28
	Twp. 10S	Rge. 27E
	Is gas actually connected? yes	When? 4/21/90

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3/1/90	Date Compl. Ready to Prod. 4/20/90	Total Depth 6382'	P.B.T.D. 6377'					
Elevations (DF, RKB, RT, GR, etc.) 3813 GR, 3821 KB	Name of Producing Formation Fusselman	Top Oil/Gas Pay 6352	Tubing Depth 6342'					
Performations Open hole completion 6352-6377	Depth Casing Shoe							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 18"	CASING & TUBING SIZE 14"		DEPTH SET 31'		SACKS CEMENT to surface			
12 1/4"	9 5/8"		1017'		385 sxs, 2 yds redi mix			
8 3/4"	7"		6352'		1600 sxs			
6 1/4" 6370-6382	2 3/8"		6342'		Post ID-2 5-4-90 comp & BIT			

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 4/20/90	Date of Test 4/20/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 530#	Casing Pressure Pkr	Choke Size Various 10/64-24/64
Actual Prod. During Test 112	Oil - Bbls. 104 416	Water - Bbls. 8 Filtrate Wtr	Gas- MCF 165

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Gen Mgr
Printed Name
4/21/90 (505) 622-7273 Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 27 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.