

Submitt 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Stevens Operating Corporation	Well API No.
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 McClellan Federal	Well No. 1	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee	Lease No. NM 2824
Location Unit Letter <u>H</u> : <u>2190</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>13 South</u> Range <u>29 East</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

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) P. O. Box 1183, Houston, Texas 77001-1183					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 28	Twp. 13S	Rge. 29E	Is gas actually connected? No	When ?

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 x	Gas Well	New Well x	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-9-91 1:30 P.M.	Date Compl. Ready to Prod. 4-18-91		Total Depth 9848'		P.B.T.D. OH			
Elevations (DF, RKB, RT, GR, etc.) 3799 GR	Name of Producing Formation Devonian		Top Oil/Gas Pay 9842'		Tubing Depth 9830'			
Perforations Open Hole Completion 9843-48					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	308'	Cir to surface-300 sxs
11"	8 5/8"	2300'	w/1800 sxs "C" + 200 sxs Class C
7 7/8"	5 1/2"	9843'	w/500 sxs 65/35
	2 3/8"	9830'	

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 04/18/91	Date of Test 04/18/91	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 2 Hrs.	Tubing Pressure 0	Casing Pressure PKR	Choke Size Open
Actual Prod. During Test 46 552	Oil - Bbls. 46	Water - Bbls. 0	Gas - MCF TSTM

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.

Robert C. Farmer

Signature
Robert C. Farmer
Printed Name
04/19/91
Date
Production Supern.
(505) 622-7273
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 19 1991

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.