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Appropriate District Office
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DISTRICT II
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Stevens & Tull, Inc. Well API No.
30-025-31896
Address
P.O. Box 11005, Midland, Texas 79702
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "9"	Well No. 3	Pool Name, Including Formation West Teas Y-SR	Kind of Lease State, Federal or Fee	Lease No. NM 89889
Location Unit Letter C : 2310 Feet From The West Line and 330 Feet From The North Line Section 9 Township 20-S Range 33-E , NMPM, Lea 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"/> Petro Source Partners, Ltd.	Address (Give address to which approved copy of this form is to be sent) 9801 Westheimer, Suite 900, Houston, Tx 77042					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Saber Gas, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4122, Midland, TX 79704					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 9	Twp. 22S	Rge. 33E	Is gas actually connected? Yes	When ? 6/11/93
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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5/28/93	Date Compl. Ready to Prod. 6/11/93		Total Depth 3320		P.B.T.D. 3299			
Elevations (DF, RKB, RT, GR, etc.) 3577 GR	Name of Producing Formation Yates		Top Oil/Gas Pay 3161		Tubing Depth 3224			
Perforations 3161 - 3252					Depth Casing Shoe 3319			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8" - 24# 5 1/2" - 17#		DEPTH SET 1300 3320		SACKS CEMENT 690 sx - Class "C" 580 sx - Class "C"			

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 6/11/93	Date of Test 6/19/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 30	Casing Pressure 30	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 86	Water - Bbls. 22	Gas - MCF 35

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
Michael G. Mooney Engineer
Printed Name
6/21/93 915-699-1410
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 02 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.

RECEIVED

JUN 28 1993

DO ROBBS
OFFICE