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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Т	OTRAN	ISPO	RT OIL	AND NA	TURAL G	AS				
Operator Stevens & Tull, Inc.	Well API No. 30-025-30904										
Address P.O. Box 11005, Mid	land, Te	exas 7	9702				0401110	UEAD 64	6.40.107 N	or pr	
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Change in Operator Casinghead Gas Condensate THIS WELL HAS BEEN PLACED IN THE POOL: Other (Please explain) ASINGHEAD GAS MUST NOT FILARED AFTER 10-27-9 UNITESS AN EXCEPTION TO R IS OBTAINED.									-90		
and address of previous operator DESIGNATED BELOW. IF YOU DO NOT COMOUNTED THIS OFFICE.											
II. DESCRIPTION OF WELL. Lease Name Wilson State	Well No. Pool Name, Including							of Lease Lease No. Federal or Fee New			
Unit Letter D : 990 Feet From The North Line and 990 Feet From The West Line											
Section 11 Township 21-S Range 34-E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Permian	Permian					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77251					
ame of Authorized Transporter of Casinghead Gas or Dry Gas None					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 S		wp. 1-S		Is gas actually connected? 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	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 6/6/90	Date Compl. Ready to Prod. 8/25/90				Total Depth 4040			P.B.T.D. 4021			
Elevations (DF, RKB, RT, GR, etc.) 3696 GR	Name of Producing Formation Yates				Top Oil/Gas Pay 3836			Tubing Depth 3831			
Perforations 3836 - 3867 (PK)					Depth Casing Shoe 4038						
	TUBING, CASING AND C										
HOLE SIZE 8 5/8	CASING & TUBING SIZE				DEPTH SET 1394			SACKS CEMENT 600			
5 1/2	17#				4038			500			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				and must	be equal to or	exceed top allo	wable for thi	depth or be	for full 24 how	rs.)	
						Producing Method (Flow, pump, gas lift, etc.) Flowing					
Length of Test	1				Casing Press			Choke Size 14/64			
24 Actual Prod. During Test	385 Oil - Bbls.				640 Water - Bbis. 25			Gas- MCF 410			
a.a.rimi i		9				25		410			
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
								O al Circ			
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					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved						
Signature Rodney Seale Engineer					By Paul Z Z Geologist						
Rodney L. Seale Engineer Title					 Title		5. Apr				
Date 915/699-1410 Telephone No.					Title						

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.