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U.S.O.S.	
LAND OFFICE	
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Stevens Operating Corporation ✓

Address
P. O. Box 2408, Roswell, NM 88201

Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE		Lease No.	
Lease Name M & M Federal	Well No. 2	Kind of Lease State, Federal or Fee Federal	Lease No. NM32324
Location			
Unit Letter I	1980	Feet From The South	Line and 660
Line of Section 20		Township 6S	Range 23E
		NMPM, Chaves County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>			
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)		
Transwestern Pipeline Company	P. O. Box 2521, Houston, TX 77001		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
			Is gas actually connected? When
			No

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA		Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/27/82	Date Compl. Ready to Prod. 3/25/82	X			X	X					
Elevations (DF, RAB, RT, GR, etc.) 4076 G. L.	Name of Producing Formation Abo	Total Depth 3550		Top Oil/Gas Pay 2944.5		Tubing Depth 2878'		Depth Casing Shoe			
Perforations 2944.5, 45, 45.5, 46, 48.5, 49, 49.5, 53.5, 54, 65.5, 66, 68.5, 69, 69.5, 75.5, 76, 77.5, 78,											

TUBING, CASING, AND CEMENTING RECORD		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
17 3/8"	13 3/8"	604'	600 sxs 65/35, 200 CL
9 7/8"	8 5/8"	1528'	1300 sxs POZ
7 7/8"	4 1/2"	3550'	350 sxs

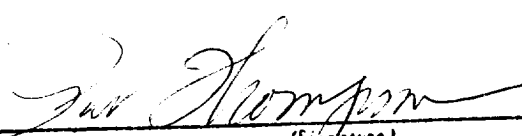
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D 851	Length of Test 24 hrs	-----		-----	
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (shut-in) 574#	Casing Pressure (shut-in) -----		Choke Size -----	

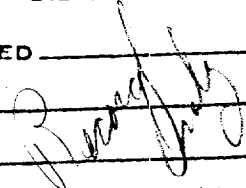
CERTIFICATE OF COMPLIANCE

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)
Production Coordinator
(Title)
April 28, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY 

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiphase completed wells.