

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

AND
THORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Effective 1-1-65

AUG 9 1974

Operator Armer Oil Company ✓		D. C. C.	
Address 2110 Continental National Bank Bldg., Fort Worth, TX 76102		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> New	CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-1-74 UNLESS AN EXCEPTION TO RULE 304 IS OBTAINED 24 # 2-109 16-26-74	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Connection		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stevens Federal	Well No. 1	Pool Name, Including Formation Grayburg Jackson	Kind of Lease State, Federal or Fee Federal	Lease No. NM-038457
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>35</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> 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"/> Nava jo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, New Mexico 88210					
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 A	Sec. 35	Twp. 17S	Rge. 30E	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 6-25-74	Date Compl. Ready to Prod. 7-12-74	Total Depth 3400' RKB		P.B.T.D. 3376' RKB				
Elevations (DF, RKB, RT, GR, etc.) 3548' GR 3558' RKB	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3156' RKB		Tubing Depth 3334' RKB				
Perforations 3156'-3320' RKB overall, Grayburg - Density Log Measurements				Depth Casing Shoe 3399' RKB				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		480' RKB		100 sacks			
7-7/8"	4-1/2" OD		3399' RKB		500 sacks			
	2-3/8" OD		3334' RKB					

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 Tanks 7-15-74	Date of Test 8-1-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours.	Tubing Pressure Pumping	Casing Pressure 20 PSI	Choke Size None
Actual Prod. During Test 160 BF	Oil - Bbls. 70	Water - Bbls. 90 (Frac)	Gas - MCF 1050 (est)

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. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

RECEIVED

OIL CONSERVATION COMMISSION

AUG 9 1974

APPROVED
B.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

OIL AND GAS INSPECTOR

C. W. Lumb

(Signature)

Agent

(Title)

August 6, 1974

(Date)

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 deviation tests taken on the well in accordance with RULE 111.
All portions 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 multiply completed wells.