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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

MAY 12 1975

Operator Stevens Oil Company		O. C. C. ARTESIA, OFFICE	
Address P.O. Box 1797, Santa Fe, New Mexico 87501			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	1. Change Lease Name from Citgo "B" State	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	2. Change Lease No. from OG4681	
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Citgo-State	Well No. 2	Pool Name, Including Formation Twin Lakes San Andres	Kind of Lease State, Federal or Fee State	Lease No. K-2803
Location Unit Letter J ; 1650 Feet From The South Line and 2310 Feet From The East Line of Section 36 Township 8S Range 28E , NMPM, Chaves 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"/> Mobil Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1073, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Stevens Oil Co.	Address (Give address to which approved copy of this form is to be sent) Box 1797, Santa Fe, N.M. 87501					
If well produces oil or liquid, give location of tanks. 6.45, 6.73, 7.15	Unit 0	Sec. 36	Twp. 8	Rge. 28	Is gas actually connected? Yes	When 5/6/75

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2/28/75	Date Compl. Ready to Prod. 5/7/75		Total Depth 2645'		P.B.T.D. 2643'			
Elevations (DF, RKB, RT, GR, etc.) 3950.3 KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 2565		Tubing Depth 2630'			
Perforations 2586-92, 2596-02, 2614-26, 2632-38					Depth Casing Shoe 2643'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8" 24#		93'		200 circ.			
7 7/8"	4 1/2" 11.6#		2645'		200			
4"	2 3/8"		2630'					

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)

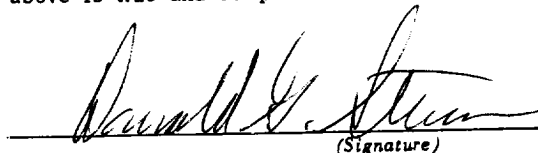
Date First New Oil Run To Tanks 5/6/75	Date of Test 5/7/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 64	Oil-Bbls. 35	Water-Bbls. 29	Gas-MCF 45.3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.


(Signature)

Owner

(Title)

5/7/75
(Date)

OIL CONSERVATION COMMISSION

MAY 12 1975

APPROVED _____, 19____

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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 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 multiply completed wells.