

NOV 10 1976

P.O. Box 1797, Santa Fe, New Mexico 87501 - ARTEBIA, OFFICE

New Well	<input type="checkbox"/>	Change In Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

1. Marshall - NCO

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. K2803
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				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, New Mexico 88210	
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) P.O. Box 1797, Santa Fe, N.M. 87501	
If well produces oil or liquids <i>OLS</i> give location of tanks. <i>95</i> <i>622-25</i>	Unit 0	Sec. 36	Twp. 8S	Rge. 28E	Is gas actually connected? yes	When 5/6/75

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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

POSTED
11-12-16

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coating Pressure (Shut-in)	Choke Size

Ronald E. Steen
Signature
Owner
11/5/76

APPROVED NOV 10 1976, 19
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, change of name, change of term, or other substantial change of condition.