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SANTAFE _	1	
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Transporter dis	/	
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OPERATOR		
ATION OFFICE		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

	101					
	Transporter dis /	RECEIVED				
	ATION OFFICE NOV 1 0 1976					
	Stevens Oil Comp					
	P.O. Box 1797. S	P.O. Box 1797, Santa Fe, New Mexico 87501 ARTEBIA. DEFICE				
	:ason(s) for filing (Check proper hox)		Other (Please explain)			
	New Well	Chonge in Transporter (f)				
	Change in Ownership	Citi Castrague of Car. Conder	isute	Man MEO		
	If change of ownership give name					
	and address of previous owner.					
и.	Lease Name	. Well No. Pool Name, Including F	ormation Kind of Leas			
	Citgo State 2 Twin Lakes San Andres State, Federal or Fee State K280					
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 Cour					
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)			
	Navajo Crude Oil Purchasing Co.  Name of Authorized Transporter of Casinghead Gas or Dry Gas		P.O. Box 175, Artesia, New Mexico 88210  Address (Give address to which approved copy of this form is to be sent)			
	Stevens Oil Co.	Unit Sec. Twp. Pge.	P.O. Box 1797, Sant	a Fe, N.M. 87501		
	If well produces oil or liquids $\frac{9}{93}$ give location of tanks. $5-23-25$	O 36 8S 28E	yes	5/6/75		
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
	Designate Type of Completio		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 Utl/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	Perforditions					
•	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
	11022 0122					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter rucovery of total volume e distleptiver be for full 24 he; a)	and must te Ctop allow-		
	Date First New Oil Run To Tanks	Date of Test	Producing Mothod (Flow, pump, gas !	ift, etc.)		
	Length of Test	Tubing Pressure	Comm. Magge 3	Choke Size		
	Actual Prod. During Test	Oil-Bhis.	Weter - Bola.	ac MCF		
GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condinaate		
	Testing Method (pitot, back pr.)	Tubing Prassure (Shut-In)	Cusing Pressure (Shut-in)	Choka S.ze		
VI.	CERTIFICATE OF COMPLIANCE	ICE	OIL CONSERV	ATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and true the interior congiven above is true and complete to the best of my knowledge and belief.			APPROVED NOV 1 04076			
			by Wa Liessett			
			SUPERVISOR, DISTRICT IL			
			This form is to be filed in compliance with RULE 1104.			
	if this is a request for allowable for a nowly drilled of well, this form must be accompanied by a tabulation of the			anied by a tabulation of the deviation		
Owner			tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-			
	117	5/76	able on new and recompleted wells.			
11/0/10			Fill out only Sections I, II. III, and VI for changes of owner,			