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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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

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JUN 9 1975

Operator Stevens Oil Company		J. C. C. ANTEBIA, 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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Change Lease Name from State CH	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State CH Com.	Well No. 2	Pool Name, Including Formation Twin Lakes - San Andres	Kind of Lease State, Federal or Fee State	Lease No. K-2803, K-6716, OG4681.
Location Unit Letter E, 1850 Feet From The North Line and 990 Feet From The West				
Line of Section 36 Township 8S Range 28E, NMF, 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 liquids, give location of tanks.	Unit E	Sec. 36	Twp. 8	Rge. 28	Is gas actually connected? Yes	When 5/4/75

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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 3/6/75	Date Compl. Ready to Prod. 6/3/75		Total Depth 2595'		P.B.T.D. 2593'			
Elevations (D.R., R.R., K.T., CR, etc.) 3943.3 KB	Name of Producing Formation San Andres		Top Oil/Gas Pay 2540		Tubing Depth 2585'			
Perforations 2540-56, 2565-83, 2587-92					Depth Casing Shoe 2593'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8" 24#		93'		50 circ.			
7 7/8"	4 1/2" 11.6#		2595'		200			
4"	2 3/8"		2585'					

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)

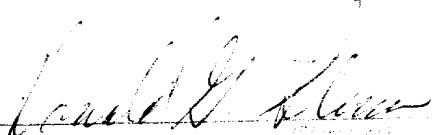
Date First New Oil Run To Tanks 6/3/75	Date of Test 6/4/75	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 38.61	Oil-Bbls. 22.23	Water-Bbls. 16.38	Gas-MCF 38.67

GAS WELL

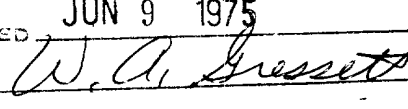
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back)	Tubing Pressure (Chart-in)	Casing Pressure (Chart-in)	Choke Size

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.


Owner
6/4/75
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 9 1975
BY 
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.

INCLINATION REPORT

OPERATOR Stevens Oil Company ADDRESS Box 1797, Santa Fe, New Mexico 87501
 LEASE State CH WELL NO. 2 FIELD _____
 LOCATION ^{1850'}1895' FNL & 990' FWL Sec 36, T-85, R-28E

Depth	Angle (Inclination 'degrees)	Displacement	Displacement Accumulated
93	1/4	0.3652	0.3652
590	1/4	2.1868	2.5520
1090	1/2	4.3500	6.9020
1530	1/2	3.8280	10.7300
2058	1 1/2	13.8336	24.5636
2595	3/4	7.0347	31.5983

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O. C. C.
ARTESIA, OFFICE

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company

By: Ken Hedrick
Title: Plng. Supt.

Affidavit:

Before me, the undersigned authority, appeared Ken Hedrick known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Ken Hedrick
(Affiant's Signature)

Sworn and subscribed to in my presence on this the 12th day of _____

March 19 75

Jerry L. Myrick
Notary Public in and for the County
of Lea, State of New Mexico

MY COMMISSION EXPIRES 3-1-26

Seal