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SANTA FE	Z			
FILE			1	
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LAND OFFICE				
TRANSPORTER	OIL	1/		
INANSPORTER	GAS	IZ		
OPERATOR				
PRORATION OFFICE				

SANTA FE		1	$\vdash$	NEW		OR ALLOWABLE	Form C+104 Supersedes Old C-104 and C+11	
FILE		7	1			AND	Effective 1-1-65	
U.S.G.S.		ļ	<u> </u>	AUTHORIZ/	ATION TO TRAN	SPORT OIL AND NATURAL (	GAS	
LAND OFFICE	<del></del>	<del>                                     </del>	$\vdash$					
TRANSPORTER	GAS	1					RECEIVED	
OPERATOR PROPATION OF	FICE	/	$\square$	ı			JUN 1.6 1978	
Operator STEVENS OF	IL CO	MPA	ANY				5 -	
Address							ARTESIA, OFFICE	
P. O. Box	2203	-	Ros	swell, New	Mexico 88	Other (Please explain)	- OFFICE	
Reason(s) for filing	(Check)	prope	r box)	Change in Tran	sporter of:	Office (Fredse explain)		
New Well Recompletion	H			Oil	Dry Gas			
Change in Ownersh	1p			Casinghead Gas	s Condens	ate		
If change of owner and address of pre	ship giv	e na: wner	me ——					
DESCRIPTION				LEASE			No.	
Lease Name				Well No.; Pool	in Lakes So	an Andres State, Feder	77	
O'Bri								
Unit Letter	J	_ ;	231	0 Feet From The	e South Line	and 2310 Feet From	The East	
Line of Section	1_		Tow	vnship 9-S	Range	28-Е , ммрм,	Chaves County	
. DESIGNATION	OF TRA	ANSI	POR 7	TER OF OIL ANI	D NATURAL GAS	S Company of the second of the	oved copy of this form is to be sent)	
Name of Authorize	d Transpo	orter	of Oil	or Conden	sate	Widtess lorde against to mitter	Artesia, N.M. 88210	
Navajo Cr	ude	0i1	Pu	rchasing C	or Dry Gas	Address (Give address to which appr	roved copy of this form is to be sent)	
Name of Authorize Stevens C						P. O. Box 2203, Ro	swell, N.M. 88201	
If well produces o	il or liqui			Unit Sec.	1 1 1	10 943 05(4431)	/hen 6-1-78	
give location of to		1		b that from any	)-S (28-E)	Yes	U 1 7 0	
If this production COMPLETION	DATA	urugi		OII		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v	
Designate T	ype of (	Com	pletic		i das wen	X		
Date Spudded				Date Compl. Rec	o Prod.	Total Depth	P.B.T.D.	
2-20-78	KR RT	GR .	etc. i	6-11-	ormation	2638 Top Oil/Gas Pay	Tubing Depth	
Elevations (D1, Attb, A1, ord, etc.)		KB Sa	Andres 2583'		2633 Depth Casing Shoe			
Perforations							2583!	
None - O	pen r	1011		583-2638 <b>'</b> <b>TU</b>		CEMENTING RECORD	SACKS CEMENT	
HOL	E SIZE			CASING I	JBING SIZE	DEPTH SET	5 yards, circ.	
11"			<del></del>	8-5/8 =	4#	40' 2583'	250	
7-7/8				$\frac{4-1/2}{2-3/8} =$	-5# -7#	2633'		
				2-3/8			l l l l l l l l l l l l l l l l l l l	
V. TEST DATA A	ND RE	QUE	ST F	OR ALLOWAB	(Test must be af able for this de	pth or be for full 24 hours)	oil and must be equal to or exceed top allo	
Date First New C	il Run To	o Tan	ks	Date of Test		Producing Method (Flow, pump, gas	inge, etc.)	
4-6-78				6-1	78	Pump Casing Pressure	Choke Size	
Length of Test  24 hou	ırs						Ggs • MCF 15	
Actual Prod. Dur	ing Test			Oil-Bbls.		Water-Bble.	NA ( )	
20				10		10	Non	
GAS WELL				Length of Test		Bbis. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Tet	it-MCF/L	Ь		gength of Teet		400-400	Choke Size	
Testing Method (	pitot, bac	ck pr.	7	Tubing Pressur	hut-in)	Casing Pressure (Shut-in)		
I. CERTIFICATI	E OF C	OMP	LIAN	NCE		11	VATION COMMISSION	
					)il Conservation		0 1978 . 19	
I hereby certify that the rules and regulations that to information			nformation given	11/1 Strength				
above is true	nd comp	plete	to th	he best of my k	ledge and belief.	SUPERVISOR, DISTRICT II		
,/		^		/			in compliance with RULE 1104.	
//.		19,	/ V	+	,	III		
<u> </u>	ruy	N	<u>_1</u>	Mires		well, this form must be accommused in	ocordance with RULE 111.	
	Owne	2 <b>r</b>	1318			Att postions of this form	I mast pe tilled ont combining to and	
			•	Title)		able on new and recompleted	of the for changes of OWN	
	6-14	4-7		Date)		II	<ol> <li>II. III, and VI to Change of conditions or other such change of conditions to the filed for each pool in multiple.</li> </ol>	
						Separate Forms C-104 completed wells.	must be interested to be a second process.	