

STATE OF NEW MEXICO
CY AND MINUTIALS DEPARTMENT

OIL CONSERVATION DIVIS. N
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 20 1982

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

STANDARD FORM NO. 64		DATE	
TO: OF COPIES DESIRED		BY	
DISTRIBUTION		THROUGH	
CLASSIFICATION		BY	
FILE		BY	
J.D.S.		BY	
LAND OFFICE		BY	
TRANSPORTATION		BY	
OPERATION		BY	
PRODUCTION OFFICE		BY	
REVISION		BY	

STEVENS OPERATING CORPORATION

Address

P. O. Box 2408, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

new Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Coastinghead Gas	<input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)

change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name		2	Twin Lakes-San Andres Assoc.	State, Federal or Fee Fee	
Location					
Unit Letter	N	330	Feet From The South	Line and 2310	Feet From The West
Line of Section	25	Township	8S	Range	28E, NUPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					P. O. Drawer 175, Artesia, NM 88210	
Navajo Refining Company - Pipeline Div.					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					P. O. Box 2115, Tulsa Oklahoma 74101-2115	
MAPCO Production Company					Is gas actually connected? When.	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	YES	8-1-79
	C	36	8S.	28E		

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

COMPLETION DATA									
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

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL.			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Pat Thompson
(Signature)

Production Coordinator

8-16-82

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 26 1982

APPROVED _____
BY Mike Williams

TITLE OIL AND GAS INSPECTOR

This form is to be filled 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.
This form is to be filled out completely for allow-

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiply completed wells.