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TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
PRORATION OFFICE		<input checked="" type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

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

DEC 10 '87

Operator Stevens & Co., Inc. ✓		C. D. ARTESIA, OFFICE	
Address Box 953, Midland, TX 79702			
Reason(s) for filing (Check proper box)		Other (Please explain)	
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 checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Stevens, Inc. P.O. Box 1518, Roswell, NM 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sulimar	Well No. 2	Pool Name, including Formation Sulimar (Queen)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>south</u> Line and <u>990</u> Feet From The <u>west</u> Line of Section <u>26</u> Township <u>15-S</u> Range <u>29-E</u> , NMPM, <u>Chaves</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Navajo Refinery Co.	Drawer 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips 66 Natural Gas Co.	4001 Penbrook, Odessa, TX 79760	
If well produces oil or liquids, give location of tanks.	Unit 26	Sec. 15-S
	Twp. 29-E	Pgs. yes
		Is gas actually connected? When N/A

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
		XX							
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					
				Post ID-3					
				1-1-88					
				sig up man					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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.

Jean E. Edwards
(Signature)

Agent
(Title)

12-9-87
(Date)

OIL CONSERVATION COMMISSION

DEC 29 1987

APPROVED _____, 19____

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.