

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		
PRORATION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

OCT 8 1974

Operator	Armer Oil Company	O. C. C. ARTESIA, OFFICE
Address	2110 Continental National Bank Building, Fort Worth, TX 76102	
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well	Second well on lease.	CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-1-74 UNLESS AN EXCEPTION TO rule 306 IS OBTAINED
Recompletion	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership		
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Stevens Federal	2	Grayburg Jackson	State, Federal or Fee Federal	NM-0384576
Location	Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East			
Line of Section	35	Township	17S	Range 30E, NMPM, Eddy County

II. 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 Crude Oil Purchasing Company	P. O. Drawer 175, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Continental Oil Company	P. O. Box 2197, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	35	17S	30E	No	

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'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-16-74	9-13-74	3375' RKB	3367' RKB					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3544' GR 3554' RKB	Grayburg	3197' RKB	3307' RKB					
Perforations	3197'-3316' RKB overall, Grayburg-Density Log Measurements					Depth Casing Shoe		
						3374' RKB		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		491' RKB		100 sacks			
7-7/8"	4-1/2" OD		3374' RKB		500 sacks			
4"	2-3/8" OD		3307' RKB		-----			

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.)	
9-7-74	9-22-74	Pump-Flowing By Agitation	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	Pumping	20 psi	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
176 BF	156	20 (Frac)	140 (Est)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. 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.

OIL CONSERVATION COMMISSION

APPROVED OCT 9 1974
BY W. A. Gressett
TITLE OIL AND 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

Agent

(Title)

October 3, 1974

(Date)