

P. O. BOX 2008

SANTA FE, NEW MEXICO 87501

JUL 8 1981

O. L. O. ARTESIA, OHIO

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Table with 2 columns: Field Name, Value. Fields include: DISTRIBUTION (5), SANTA FE (7), FILE (1), OIL (1), GAS (1), OPERATOR (1), PROMOTION OFFICE (1).

Stevens Operating Corporation

Address P. O. Box 2203, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) and Other (Please explain). Includes checkboxes for New Well, Recombination, Change in Ownership, Change in Transporter of Oil, Gas, or Condensate, and Change in Operator Name Effective 7-1-81.

If change of ownership give name and address of previous owner STEVENS OIL COMPANY, P.O. Box 2203, Roswell, NM 88201

DESCRIPTION OF WELL AND LEASE

Lease Name: Citgo "A" State; Well No.: 2; Pool Name: Twin Lakes-San Andres Assoc.; Kind of Lease: State; Lease No.: 0G4681. Location: Unit Letter N, 660 Feet From The South Line and 1980 Feet From The West. Line of Section 36, Township 8S, Range 28E, NMPM, Chaves County.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: Navajo Refining Company - P/L Div. Address: P.O. Drawer 175, Artesia, NM 88210. Name of Authorized Transporter of Casinghead Gas or Dry Gas: Stevens Operating Corporation Address: P.O. Box 2203, Roswell, NM 88201. If well produces oil or liquids, give location of tanks: Unit N, Sec. 36, Twp. 8S, Rge. 28E. Is gas actually connected? Yes. When: 10-1-71.

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well. Date Spudded, Date Compl. Ready to Prod., Total Depth, P.B.T.D., Elevations (DF, RAB, RT, CR, etc.), Name of Producing Formation, Top Oil/Gas Pay, Tubing Depth, Perforations, Depth Casing Shoe.

TUBING, CASING, AND CEMENTING RECORD

Table with 4 columns: 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)

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

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

I 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.

Signature of Owner, Title, Date: 6-10-81

OIL CONSERVATION DIVISION

JUL 15 1981

APPROVED BY: [Signature] 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 multiply completed wells.