

OIL CONSERVATION DIVISION

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

NO. OF COPIES DESIRED		
DISTINCTION		
SANTA FE		
FILE		
U.S.U.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATION		
PRODUCTION OFFICE		
Division		

STEVENS OPERATING CORPORATION

Address

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

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter eff

Q11

Dry Gas

Casinghead Gas ☒

Condensate

Other (Please explain)

1 change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE:

Description of Well and Lease			Kind of Lease		Lease No.
Lease Name	Well No.	Pool Name, Including Formation	State, Federal or Fee	State	
Citgo "A" State	2	Twin Lakes - San Andres Assoc.		State	OG4681
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 ☐

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, New Mexico 88210	
Navajo Refining Company - Pipeline Div.						
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)	
MAPCO Production Company					P. O. Box 2115, Tulsa, Oklahoma 74101-2115	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	36	8S	28E	YES	10-1-71

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

[illegible]

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)

Producing Method (Flow, pump, gas lift, etc.)

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

GAS WELL

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

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.

Mr Hongsa
(Signature)

Production Coordinator

(Title)

8-16-82

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 26 1982, 19

BY Mr. 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.

All sections of this form must be filled out completely for allowance 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.