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

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

RECEIVED

NOV 10 1976

Stevens Oil Company
P.O. Box 1797, Santa Fe, New Mexico 87501

O. G. C.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☒
Change in Ownership	☐	Dry Gas	☐
		Condensate	☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease No.	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Citgo State	1	Twin Lakes San Andres	State, Federal or Fee State	K2803
Location				
Unit: Letter	F	1980 Feet from The North 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 (X) or Condensate	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing Co.	P.O. Box 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Natural Gas (X) or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
Stevens Oil Co.	P.O. Box 1797, Santa Fe, N.M. 87501					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Exp.	Line	Is gas actually connected?	When
	F	36	8S	28E	yes	4/72

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Shut Well	Workover	Deepen	Plug Back	Some Res'tn.	Diff. Res'tn.
Date Spudded	Date Comp'l. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, HKB, 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			

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of oil and must be allowable for this depth or be for full 24 hours)

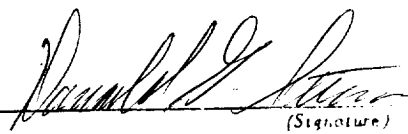
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Owner
(Title)
11/5/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 10 1976
BY W. A. Gussert
TITLE SUPERVISOR, DISTRICT II

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, transporter or other substantial change of condition.