

NEW MEXICO
OIL CONSERVATION COMMISSION

Drawer 00 Artesia, NM

DISTRICT OFFICE #2

Jan. thru April, 1978

NO. 2144 R

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE 4-20-78

PURPOSE ACREAGE REVISION

Effective 3-1-78, the acreage factor on the well listed below
is reduced by 0.250 as a result of an oil well completed on the
Gas proration unit (as per Order R-4956).

Twin Lakes San Andres Associated Pool

Stevens Oil Co., State CH Com., #1-L, 36-8-28

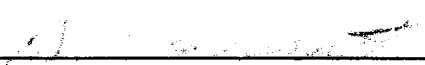
Acreage factor reduced from .750 to .50

WAG:sm

Stevens Oil Co.

NCO

OIL CONSERVATION COMMISSION


DISTRICT SUPERVISOR

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LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	

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

FEB 13 1979

I. Operator
Stevens Oil Company
Address
P. O. Box 2203, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change of address for Operator and Transporter of Natural Gas

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State CH Com	Well No. 1	Pool Name, including Formation Twin Lakes San Andres	Kind of Lease State, Federal or Fee State	Lease No. OG4681
Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line of Section 36 Township 8S Range 28E, NMPM, Chaves 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, N. M. 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Stevens Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2203, Roswell, N. M. 88201
If well produces oil or liquids, give location of tanks. Unit L Sec. 36 Twp. 8S Rge. 28E	Is gas actually connected? When yes 9-25-71

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

V. 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

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 - 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

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.


(Signature)

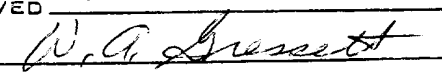
Owner
(Title)

2-8-78
(Date)

OIL CONSERVATION COMMISSION

FEB 14 1978

APPROVED _____, 19

BY 
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with Rule 104.

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 104.

All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.

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