

OPERATOR

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

GAS RECEIVED

NOV 10 1976

RATION OFFICE

Stevens Oil Company

D. C. C.
ARTEBIA, OFFICE

P.O. Box 1797, Santa Fe, New Mexico 87501

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>

Change in Transporter of:

110

X

Dry Gas ☐

Castinghead Gas

Condensate

Other (Please explain)

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.
Citgo A State		5	Twin Lakes San Andres	State, Federal or Fee State	OG4681
Location					
Unit Letter <u>C</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u>					
Line of Section <u>36</u> Township <u>8S</u> Range <u>28E</u> , NMPM, <u>Chaves</u> 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. Box 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Stevens Oil Co.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1797, Santa Fe, N.M. 87501	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 36	Twp. 8S	Rge. 28E	Is gas actually connected? yes	When 4/72

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

IV. COMPLETION DATA

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total voice and must be done at top allowable depth or be for full 24 hours.)

OIL WELL			
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

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. 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.

Ronald G. Kiser
(Signature)

Owner
(Title)

11/5/76

OIL CONSERVATION COMMISSION

NOV 10 1976

APPROVED _____, 19

BY W. C. Jones
TITLE SUPERVISOR, DISTRICT III

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, title, name or number of transmitters or other such change of condition.