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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

MAR 1 1979

Operator STEVENS OIL COMPANY ✓		O.C.C. ARTESIA OFFICE	
Address P. O. Box 2203 - Roswell, New Mexico 88201			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	To show gas connection	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>			
If change of ownership give name and address of previous owner _____			

II. DESCRIPTION OF WELL AND LEASE

Lease Name Citgo-State	Well No. 5	Pool Name, including Formation Twin Lakes-San Andres	Assoc. State, Federal or Fee	Kind of Lease State	Lease No. K-2803
Location Unit Letter <u>I</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>					
Line of Section <u>36</u> Township <u>8-S</u> Range <u>28-E</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 <u>Crude Oil Purchasing Pipeline Company</u>	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 checked="" type="checkbox"/> or Dry Gas <input 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 F	Sec. 36	Twp. 8-S	Rge. 28E	Is gas actually connected? When Yes 12-31-78

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, CR, 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)

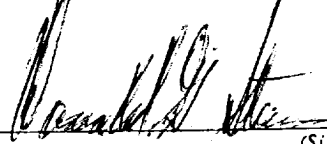
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

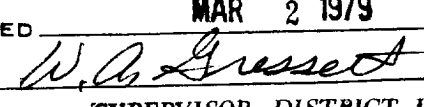
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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)
2-28-79	(Date)

OIL CONSERVATION COMMISSION

APPROVED	MAR 2 1979	19
BY		
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, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.