·.			ATION DIVE DN ox 2088 w mexico 87501	RECEIVED
	FILE / U & U.S.	REQUEST FO	DR ALLOWABLE AND SPORT OIL AND NATURAL GAS	SEP 3 1981 O. C. D. ORTESIA, OFFICE
ł.	Stevens Operating Corporation			
	Address			
	P. O. Box 2203, Roswell, New Mexico 88201 Every file X Change in Transporter of: Other (Please explain) New Well X Change in Transporter of: Request testing allowable: Pecompletion Oil Dry Gas 193 bbls oil Change in Ownership Costinghead Gas Condensate San Andres - 2671.5, 72, 72.5,76.5, 77 77.5, 78, 78.5, 82, 82.5, 83.5, 84, 84.			
	If change of ownership give name and address of previous owner		86, 86.5, 87.	
 т 3 .	DESCRIPTION OF WELL AND Leave Name Citgo State Locallon Unit LetterJ;23	6 Twin Lakes-	San Andres Associate, Feder ne and1650 Feet From	al or Foo State K-2803
	Line of Section 36 Ton	waship <u>85</u> Range	<u>28Е , ммрм, Chav</u>	Ves County
	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS Address (Give address to which appro	oved copy of this form is to be sent
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		P. O. Drawer 175, Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)	
	Stevens Operatin If well produces oil or liquids, give location of tanks.	g Corporation Unit Sec. Twp. Rge. 0 36 8S 28E	P. O. Box 2203, Roswell Is gas actually connected?	
	this production is commingled with that from any other lease or pool, give commingling order number:			
•	COMPLETION DATA Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Piug Back Same Resty, Diff. Rest
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Ferforations	L	·#_ ·	Depth Casing Shoe
			D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE			
	TEST DATA AND REQUEST FO)R ALLOWABLE (Test must be a able for this de	fier recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allo
	Date First New Oil Run To Tanks	Date of Test	Producing Nethod (Flow, pump, gas li	fi, elc.)
	Length of Test	Tubing Pressus	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil - Bbls.	Water-Bbls.	Gcs-MCF
i.				
ſ	GAS WELL Actual Frod. Tool-MCF/D	Longth of Tost	Bbls. Condeneate/MMCF	Gravity of Condensate
	Testing Method (pitol, back pr.)	Tubing Presewe (Shut-in)	Coming Pressue (Shut-in)	Choke Size
ے . (CURTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION SEP 3 1981	
1	hereby certify that the rules and ro);vision have been complied with bove is true and complete to the	and that the information given	APPROVED	
	1 1.1.1	1		
President (Tule) 9-2-81 (Date)			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens 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 allow able on new and recompleted wells. Fill out only Sections 1. II. III, and VI for changes of owner well name or number, or transporter, or other such changes of condition Separate Forms C-104 must be filled for each pool in multip completed wells.	