

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

OCT 27 1981

O. C. D.

ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.D.	
LAND OFFICE	
TRANSPORTER	1
OIL	1
GAS	1
OPERATOR	1
PRODUCTION OFFICE	1

Operator
Stevens Operating Corporation /

Address
P. O. Box 2203, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Citgo State	Well No. 6	Pool Name, Including Formation Twin Lakes-San Andres Assoc	Kind of Lease State, Federal or Fee State	Lease No. K-2803
Location Unit Letter: 2310 Feet From The South Line and 1650 Feet From The East 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co. P/L Div.	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Stevens Operating Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2203, Roswell, New Mexico 88201
If well produces oil or liquids, give location of tanks. Unit: 0 Sec: 36 Twp: 8S Rge: 28E	Is gas actually connected? When Yes 9-4-81

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest'y. <input type="checkbox"/> Diff. Rest'y. <input type="checkbox"/>		
Date Spudded 7-8-81	Date Compl. Ready to Prod. 9-4-81	Total Depth 2751'	P.B.T.D. 2751'
Elevations (DF, RKB, RT, GR, etc.) 3947.4 GR 3952.4 KB	Name of Producing Formation San Andres	Top Oil/Gas Pay 2671.5	Tubing Depth 2556'
Perforations 2671.5, 72, 72.5, 2676.5, 77, 77.5, 2678, 78.5, 2682, 82.5, 2683.5, 84, 84.5, 2686, 86.5, 87.	Depth Casing Shoe 2751'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	210'	100
7 7/8	4 1/2	2751'	200
4"	2 3/8	2685'	

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)

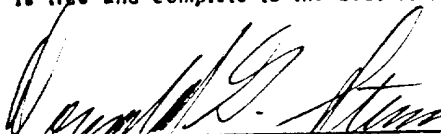
Date First New Oil Run To Tanks 9-4-81	Date of Test 10-16-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 40#	Casing Pressure 30#	Choke Size 3/4"
Actual Prod. During Test 25	Oil-Bbls. 10	Water-Bbls. 15	Gas-MCF N/A

GAS WELL

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


President
10-26-81
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 30 1981
BY W.A. Prescott
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 deepen well, this form must be accompanied by a tabulation of the deviate 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.

STEVENS OPERATING CORPORATION

118 WEST FIRST STREET

P. O. BOX 2203

ROSWELL, NEW MEXICO 88202—2203

10-26-81

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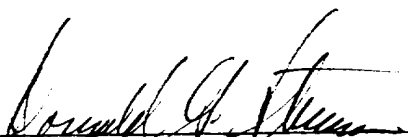
O. C. D.
ARTESIA, OFFICE

DON STEVENS
CURTIS STEVENS
505-622-7273

Citgo State No. 6
J-36-8S-28E
Chaves County, New Mexico

Deviation Survey


500'	1/4°
1010'	1/4°
1460'	1/2°
2038'	1/2°
2504'	1°
2750'	3/4°


Donald G. Stevens President

STATE OF NEW MEXICO

COUNTY OF CHAVES

The foregoing instrument was acknowledged before me this 26th day of October, 1981, by Donald G. Stevens.


Notary Public

My Commission expires:

October 14, 1984