## Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

\* ALCIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## DISTRICT II P.O. Drawer DD, Antesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

3016 1 6 1993 OIL CONSERVATION DIVISION 

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410	REQ				BLE AND						
I. TO TRANSPORT OIL						IUNALG		API No.	77.74	47	
STEPHENS & JOHNSON (		30-015-									
Address			2400								
P. O. BOX 2249, WICE Reason(s) for Filing (Check proper box)		LLS, TX	7630	7-2249		(D)					
New Well		Change in	Transpor	ter of:	Our	et (Please expl	ain)				
. Recompletion	Oil		Dry Gas		Effe	ective 9,	/1/93				
Change in Operator XX	Casinghe	ad Gas	Condens	21e			_				
			COMP	ANY, I	Р. О. ВОХ	2249, V	VICHITA	FALLS,	TX 7630	7-2249	
Lease Name	DESCRIPTION OF WELL AND LEASE Page Name Well No.   Pool Name, Include					ding Formation			of Loss		
SALADAR UNIT	3 SALADAR-							o <del>f Lease</del> (Federal)or Fe	1 -	1-08277	
Location			1				<del></del>		1071	-00011	
Unit Letter	_:;	3/0_	Feet Fro	m The _	<u> </u>	e and <u>16.</u>	<u> </u>	eet From The	_W_	Line	
Section 33 Towns		···	Range	28E		MPM, EI	DDY			County	
III. DESIGNATION OF TRAINAME of Authorized Transporter of Oil	NSPORTE	or Conden		NATU		e address to wi	hich approved	come of this	form is to be e	est)	
SCURLOCK PERMIAN CORPORATION						P. O. BOX 4648, HOUSTON, TX 77210-4648					
Name of Authorized Transporter of Casi NA	nghead Gas		or Dry G	45	Address (Give	e address to wi	hich approved	l copy of this j	form is to be s	eni)	
If well produces oil or liquids, give location of tanks.	Unuit 1 K	Sec.	Twp. 20S	Rge. 28E	ls gas actually	y connected?	When	?			
If this production is commingled with the IV. COMPLETION DATA	<del></del>	L			no ling order numb	) ter:					
Designate Type of Completion	ı - (X)	Oil Well	Ga	s Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	<u> </u>	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casing Shoe			
					<del></del>		<del>_</del> · · · <u>· - · · · · · · · · · · · · · · </u>	:		·	
HOLE SIZE					CEMENTIN		D		21242.2514		
Trock Old	CASING & TUBING SIZE			<u> </u>	DEPTH SET			SACKS CEMENT			
								12-1/-93			
								1	che on		
V. TEST DATA AND REQUE	ST FOR A	I I OWA	DIE		1			· · · · · ·	,)/		
OIL WELL Test must be after				and must	he equal to or	exceed top alla	numble for thi	e denth on he	for full 2d have	)	
Date First New Oil Run To Tank	Date of Te		,	ana magi	Producing Me				or juil 24 nou	<u>rs.)</u>	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					<u> </u>			1			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATF OF	COMP	IANO								
I hereby certify that the rules and regul Division have been complied with and	lations of the that the infor	Oil Conserv	ation		C	IL CON	ISERV/	ATION I	DIVISIC	)N	
is true and complete to the best of my	knowledge as	d belief.			Date	Approved	d n	CT 25	1993		
Ja Sunyers	lnen	<u> </u>						<del>101 0 0</del>	1334		
Signature  JO BUMGARDNER	·	PRODUC	TAN	мср	By	OB!	GIMAL B	5450 <b>34</b>			
Printed Name			Title	rigk	T:A1 -	MIK	E William	1983			
Date		817/7	23-21	66	Title_	SUF	<del>TERVISO</del>	u distri	CTIL		
Date		Telep	hone No.		[]						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III. and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.