Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II
P.O. Drawer DE, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

## State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

C. CIV AUG : 0 1993

T TOUR KIE BEZZON K.C., AZZEC, NM. 8/410			BLE AND AUTHO		Jan 4 5.			
I. Operator	TO TRANSPORT OIL AND NATURAL GAS				Well API No.			
STEPBENS & JOHNSON OPERATING CO.					015-006	21		
Address P. O. BOX 2249, WICH	HITA FALLS, T	x 76307-22	49		,			
Reason(s) for Filing (Check proper box)			Other (Please e	xplain)				
New Well		Transporter of:	Effecti	ve 9/1/9	3			
Recompletion	Oil Casinghead Gas	Dry Gas			-			
			O BOX 2249, WI	CHITA FA	LLS, TX 7	6307-224	<del>1</del> 9	
II. DESCRIPTION OF WELL	AND LEASE							
Lease Name SOUTH RED LAKE Well No. Pool Name, Including Formation					Kind of Lease No.			
GRAYBURG UNIT	3	RED LAKE	QU-GB-SA	Stat	e (Federal) or Fee	LC-	050158	
Unit Letter	:_330	Feet From The	ut (Line and	990	Feet From The _	East	Line	
Section 35 Township	178	Range 27E	, NMPM,	EDDY			County	
Section 10whamp		Kange	, MARINI,				County	
III. DESIGNATION OF TRANS								
Name of Authorized Transporter of Oil NA-WATER INJECTION V	or Conden	pate	Address (Give address to	which approv	ed copy of this fo	erm is to be se	:nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)							ini)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. is gas actually connected?			When ?			
If this production is commingled with that f	rom any other lease or	pool, give commingl	ing order number:					
IV. COMPLETION DATA								
Designate Type of Completion -	· (X)   Oil Well	Gas Well	New Well   Workove	r   Deepen	Plug Back	Same Res v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil/Gas Pay	Tubing Dept	Tubing Depth			
Perforations	l .,			Depth Casin	Depth Casing Shoe			
	TURING	CASING AND	CEMENTING REC	ORD				
HOLE SIZE CASING & TUBING SIZE		DEPTH S	S	SACKS CEMENT				
					Pas	Part ID 3		
					12	-10-9	<u>3</u>	
						no op		
V. TEST DATA AND REQUES			<u> </u>	allamable for t	his death or he f	or full 24 hou		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	oj toda ou ana must	be equal to or exceed top Producing Method (Flow			or jas. 24 nos		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Gas- MCF	Gas- MCF			
GAS WELL,	<u></u>		1		_	- · · ·		
Actual Prod. Tea - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			

## VI. OPERATOR 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.

Signature JO BUMGARDNER

Testing Method pitot, back pr.)

PRODUCTION MGR Title

Printed Name AUG 9, 1993 817/723-2166 Date

Telephone No.

Tubing Pressure (Shut-in)

## OIL CONSERVATION DIVISION

OCT 25 1993 Date Approved \_

ORIGINAL SIGNED BY MIKE WILLYAMS

SUPERVISOR, DISTRICT II Title.

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.