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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION AND 1993

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOTRA	NSPORT OIL	AND NATURAL	.GAS	NI NIS		
perator				Well API No. 30-015- 00623			
STEPHENS & JOHNSON		30-013- 00623					
P. O. BOX 2249, WICHITA FALLS, TX 76307-2249							
Reason(s) for Filing (Check proper box)			Other (Please	explain)			
New Well		Transporter of:	Effect	ive 9/1/93			
	Oil L	Dry Gas					
hange in Operator &	Casinghead Gas	Condensate		TOTAL DALL	0 my 76307_226	0	
change of operator give name and address of previous operator	JOPERATING	COMPANY, P	O BOX 2249, W	ICHITA FALL	s, TX 76307-224		
I. DESCRIPTION OF WELL	AND LEASE			1 27: 4	(1	ase No.	
Lease Name SOUTH RED LAKE	Well No.	Pool Name, Include RED LAKE				77798	
GRAYBURG UNIT	119	KED LAKE	QU-GD-3A			7 7 7 9	
Unit Letter	: 2310	_ Feet From The 🚣	euth Line and _	990 Fee	et From The Cart	Line	
Section 3.5 Townshi	ip 17S	Range 27E	, NMPM,	EDDY		County	
II. DESIGNATION OF TRAN	<u> </u>	H AND NATI	RAL GAS				
II. DESIGNATION OF TRAP Name of Authorized Transporter of Oil	or Conde	nrate	Address (Give address	to which approved	copy of this form is to be se	nt)	
NA-WATER INJECTION	WELL						
Name of Authorized Transporter of Casin	ighead Gas	or Dry Gas	Address (Give address	to which approved	copy of this form is to be se.	nu)	
If well produces oil or liquids,	Unit Sec.	Unit Sec. Twp. Rge.		Is gas actually connected? When		7	
ove location of tanks.		<u>i i i </u>					
f this production is commingled with that	from any other lease o	r pool, give comming	ling order number:	 			
V. COMPLETION DATA				Decem	Plug Back Same Res'v	Diff Res'v	
Designate Type of Completion	Oil We	ll Gas Well	New Well Worko	ver Deepen	I ring been longer ton	[
Designate Type of Completion	Date Compl. Ready	to Prod.	Total Depth	1	P.B.T.D.	-4	
	(B, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	romadou					
Perforations					Depth Casing Shoe		
	TIDING	CASING ANT	CEMENTING RE	CORD			
2.0000 2.710000 0175		DEPTH SET		SACKS CEMENT			
HOLE SIZE	CASING & I COMP CITY					Port ID-3	
					13-10-	<u>93</u>	
					che o	<u>r</u>	
					1 1		
V. TEST DATA AND REQUE	EST FOR ALLOV	VABLE		Hamable for th	is denth or he for full 24 hos	ers.)	
OIL WELL (Test must be after	recovery of total volum	re of load oil and mu	Producing Method (Fi	low, pump. eas lift.	is depth or be for full 24 hou etc.)	<u>·'·</u>	
Date First New Oil Run To Tank	Date of Test		LIOTHERING MERION (L.		•		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Length of Year	120126				Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		U25- NICF		
					1		
GAS WELL	11 and 1 at 7 and		Bbls. Condensate/MN	ACF	Gravity of Condensate		
Actual Prod. Test - MCF/D	Length of Test						
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shu	Casing Pressure (Shut-in)		Choke Size	
is seeing stranger (hand) and he is					<u> </u>		
VI. OPERATOR CERTIFI	CATE OF CON	IPLIANCE		ONSERV	ATION DIVISION	NC	
I hereby certify that the rules and re-	gulations of the Oil Con	servation	1				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date App	Date Approved OCT 25 1993			
30 Suma be	On 12						
Signature Signature				Unichard Comment of			
JO BUMGARDNER	PRODU	CTION MGR		MIKE WILLIAMS			
Printed Name	017/7	Title 23-2166	Title	SUPERVISOR	DISTRICT I		
AUG 9, 1993		Telephone No.	·				
Date							

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.