Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

: ".T(Y	Form C-104 Revised 1-1-89 See Instructions
	at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

AHR 1 6 1993

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azzec, NM 87410	DEO	LIECT E		LOVAZA	DI E AND	ALITUOD		and the second second	,			
I.	REQ	-	-		-	AUTHOR						
I. TO TRANSPORT OIL AND NATURAL GAS						Weli	Well API No.					
STEPHENS & JOHNSON OPERATING CO.					<u>-</u> .	30-015-00667						
Address P. O. BOX 2249, WIC	HITA F	ALLS, 1	EX 76	6307-22	249							
Reason(s) for Filing (Check proper box)					Od	her (Please exp	lain)					
New Well		Change is	, ,			Effective	9/1/93					
Recompletion	Oil Comingha	-4 C [Dry Ga Conden		•		- 7/1/73					
If change of operator give name	Caninghe J OPE	_	<u> </u>		O BOX 2	249, WICE	HTTA RAI	I.S. TY 76	307-22	40		
							IIIN PAL	110, IA /(7507-22			
Lease Name SOUTH RED LAKE	DESCRIPTION OF WELL AND LEASE Page Name SOUTH RED LAKE Well No. Pool Name, Includin					ing Formation Kind			of Lease No.			
GRAYBURG HINIT	RED LAKE								1	1059		
Location Unit Letter	. 23	10	Foot Fr	m The X	orth	ne and	0 -	eet From The _	East	Line		
7.1								et rom ine _				
Section 5 7 Townshi	P 17:	- -	Range	27E	, <u>N</u>	МРМ,	EDDY			County		
III. DESIGNATION OF TRAN	SPORTI			D NATU								
Name of Authorized Transporter of Oil NA-WATER INJECTION	WELL	or Conder	ante		Address (Gi	ve address to w	hich approved	l copy of this for	m is to be s	eni)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)								
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge	ls gas actual	Is gas actually connected? Who			n ?			
give location of tanks.	<u>i </u>	<u>i </u>	<u>i </u>	<u>i </u>			ii					
If this production is commingled with that in IV. COMPLETION DATA	from any ot	her lease or	pool, giv	e comming	ling order num	iber:						
IV. COMPLETION DATA		Oil Well	1 0	as Well	New Well	Workover	Deepen	Plug Back S	ame Pec'y	Diff Resiv		
Designate Type of Completion	- (X)	On wen	i	MES WELL	I rew wen	WOLLOVE	Deepen	Flug Back	Milie Kes v			
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of I	roducing Fo	ormation		Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
rendandus								Depth Casing	Shoe			
		ΓUBING,	CASIN	IG AND	CEMENTI	NG RECOR	D.	<u> </u>				
HOLE SIZE	CA	SING & TU	JBING S	IZE	DEPTH SET			SACKS CEMENT				
								12-11-93				
								100	2 of			
V. TEST DATA AND REQUES												
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		of load o	il and must		exceed top allow, pu			full 24 hou	<i>rs.)</i>		
Dett I in i i i i i i i i i i i i i i i i i	Date of 16	: 54			1 Todateing IVI	culou (1 low, p.	a.m., 800 .a., .	•••.7				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size					
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF						
					<u> </u>				 .			
GAS WELL Actual Prod. Test - MCF/D	Il an art -2	T			IDNA C4	AND CE		Tombo at Ca	denesia			
Actual Prod. 1est - MCP/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate					
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE								
I hereby certify that the rules and regula	tions of the	Oil Conserv	vation		(OIL CON	1SERV	AHON D	IVISIC	אנ		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved OCT 2 5 1993									
,	nominage a	oener.			Date	Approve	d <u>UU</u>	क्ष ज 199.)			
XO Sumypro	nen	<u>/</u>										
Signature JO BUMGARDNER	P	RODUCT	LON M	GR	By_	 0	RIGINAL.	SIGNED BY	,			
Printed Name			Title		Title	M SI	IKE WILL! UPERVIS	AMS DR. DISTRI	CT !!			
AUG 9, 1993 Date	8	17/723	-2166 phone No						01 			
		10.0	~·····		1.5							

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.