## 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

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

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

Santa Fe, New Mexico 87504-2088

L CONSERVATION DIVISION	1993 : 11 1993	at Bottom of Page
P.O. Box 2088		

I.	REQ					AUTHORI					
Operator	TO TRANSPORT OIL AND NATURAL GAS					Well	Well API No.				
STEPHENS & JOHNSON OPERATING CO.				30-015-				77			
P. O. BOX 2249, WICH	ITA FA	LLS, TX	7630	07-2249	)						
Reason(s) for Filing (Check proper box)					Oth	et (Please expl	ain)				
New Well	Oil	Change in	Transpo Dry Gas		Ef	fective '	9/1/93				
Recompletion  Change in Operator  XX	Casinghe	ad Gas	Conden								
If change of operator give name and address of previous operator		<del></del>			7. P. O.	BOX 224	9, WICH	TA FALLS	, TX 76	307-224	
II. DESCRIPTION OF WELL Lease Name SOUTH RED LAKE	AND LE		ID 137	2 1 2			V:-A	-51	<del></del>	N.	
GRAYBURG UNIT		Well No.	1		ing Formation QU-GB-SA	A		of Lease Federal or Fee	1	sase No. 「ス・ス」	
Location			. <del></del>	,	_ <del></del>					<del></del>	
Unit Letter	<u> </u>	00	. Feet Fro	om The	uth Lin	e and <u>23</u> 2	0 O Fe	et From The	cast	Line	
Section 3 4 Townshi	p 175	3	Range	27E	, N	MPM,	EDDY			County	
III. DESIGNATION OF TRAN	SPORTI			D NATU			<del></del>		<del></del>		
Name of Authorized Transporter of Oil	DOBATT	or Conden	sale		i	Address (Give address to which approved copy of this form is to be sent)					
SCURLOCK PERMIAN CORPORATION  Name of Authorized Transporter of Casinghead Gas or Dry Gas		Gas 🗍	P. O. BOX 4648, HOUSTON, TX 77210-4648  Address (Give address to which approved copy of this form is to be sent)								
NA	· 		<u>,                                     </u>						<del></del>		
If well produces oil or liquids, give location of tanks.	Uncit I C	Sec.   35	Twp.   17S	Rge. 1 27E	is gas actuali	-	When	?			
If this production is commingled with that	<b>↓</b>		<u> </u>				1,				
IV. COMPLETION DATA								,			
Designate Type of Completion	- (X)	Oil Well	0	as Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded		api. Ready to	Prod.	<del></del>	Total Depth	<u> </u>	<u> </u>	P.B.T.D.		1	
· · · · · · · · · · · · · · · · · · ·			•								
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth					
Perforations	1				<u> </u>			Depth Casing	Shoe		
	•				CEMENTI	NG RECOR		CA	CVC CEM	PAIT	
HOLE SIZE	CA	ASING & TU	IBING S	IZE	DEPTH SET			Part	Part ID 3		
	-							12-10-93			
	·							sh	cop/		
U TECT DATA AND DECLIES	TEOD	ALLOW	ADIE					0			
V. TEST DATA AND REQUES OIL WELL (Test must be after r				il and must	be equal to or	exceed top all	owable for thi	s depth or be for	full 24 how	rs.)	
Date First New Oil Run To Tank	Date of To		<del>-,</del>		Producing M	ethod (Flow, pi	ump, gas lift, e	etc.)			
					Carina Proce			Choke Size			
Length of Test	Tubing Pr	essure			Casing Pressure						
Actual Prod. During Test	Oil - Bbls		<del>_</del>		Water - Bbls.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size					
	A (700) - C-			· CE	1			<u>i</u>			
VI. OPERATOR CERTIFIC				ICE		OIL CON	NSERV.	ATION D	IVISIC	N	
I hereby certify that the rules and regul Division have been complied with and	that the info	ormation give					_				
is true and complete to the best of my	mowledge :	and belief.			Date	Approve	ed U	CT 25 19	93		
W. Ruma ayen	end										
Signature					By_	ORI	GINAL SI	SNED DV	-		
JO BUMGARDNER Printed Name		PRODUC	Title	MGR		MIK	E WILLIA	GNED BY MS			
AUG 9, 1993		817/72		56	Title	SUP	ERVISOF	NO <del>I, DISTRIC</del> 1	r 11		

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

AUG 9,

- 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.

817/723-2166 Telephone No.

- 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.