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 Pag	ì

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AHR LE MAY

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			ŕ		CALCO 075		•		THE TOTAL STREET				
·					BLE AND								
I.	TO TRANSPORT OIL AND NATURAL GAS								A DI No			<u> </u>	
Operator STEPHENS & JOHNSON OF					-015- 0/23/								
Address P. O. BOX 2249, WICH	ITA FAL	LS, TX	76307	7-2249)					·		į	
Reason(s) for Filing (Check proper box)					Oth	es (Piease	e expla	in)				_	
New Well		Change in T	-	er of:	Rf:	fecti	ve 9	/1/93					
Recompletion Lange in Operator	Oil Casinghea		Dry Gas Condensa	🗀	42.		,,	, 1, ,,					
If change of operator give name					. P. O.	BOX	2249	WT CHI	ጥል ፑል፣፣	C TY 76		 •	
and address of previous operator II. DESCRIPTION OF WELL			. <u>110 Q</u>	AII VIII		<u> DUA</u>		9 M 1 Cell 1	IA FAIL	3, 14-/ 1	1307-224	.	
Lease Name SOUTH RED LAKE GRAYBURG UNIT	Well No. Pool Name, Including Formation RED LAKE QU-GB-SA								Kind of Lease State Federal or Fee LC - 055561				
Location		25)											
Unit Letter	:	<u>88 </u>	Feet From	n The M	rith Lin	e and	161	<u> </u>	et From The	Eart	Line		
Section 35 Township	, 178		Range	27E	, N	MPM,	E	DDY			County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OIL		NATU		e address	to whi	ich annemed	come of this f	orm is to be se	ent)	_	
SCURLOCK PERMIAN CORE	PATTO				1					77210-4			
Name of Authorized Transporter of Casing			or Dry G	NI						orm is to be se		_	
NA								,					
If well produces oil or liquids, give location of tanks.	Unait ! C		Гwp. 17S г	Rge. 27E	is gas actuali no		ted?	When	?				
If this production is commingled with that i	<u> </u>							L					
IV. COMPLETION DATA	· · · · · · · · · · · · · · · · · · ·											_	
Designate Type of Completion	- 00	Oil Well	Ga	Well	New Well	Worko	ver	Deepen	Piug 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 Pr	oducing For	mation		Top Oil/Gas Pay				Tubing Depth				
Litragon (27, 162), 177, 516, sic.y													
Perforations									Depth Casin	g Shoe			
	T	UBING, C	CASING	G AND	CEMENTI	NG RE	CORI)	,				
HOLE SIZE	CAS	SING & TUE	SING SIZ	E	DEPTH SET				SACKS CEMENT				
								·	fart ID-3				
									12-10-93				
· · · · · · · · · · · · · · · · · · ·									che ap				
V. TEST DATA AND REQUES					<u> </u>				<u> </u>		A.,		
OIL WELL (Test must be after re	covery of to	ial volume of	load oil	and must						for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes	ŧ			Producing Me	sthod (Fla	ow, pun	np, gas lýt, e	tc.)				
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF			; 	
GAS WELL												_	
Actual Prod. Test - MCF/D	Length of	est			Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pre	saure (Shut-in	n)		Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regula Division have been complied with and is true and complete to the best of my le	tions of the	Oil Conserva mation given	tion	Œ			_		ATION T 25 1	DIVISIC 9 93	N		
n Summaroner	<u> </u>	_			 By_								
Signature JO BUMGARDNER	:	PRODUCT	By ORIGINAL SIGNED BY MIKE WILLIAMS										

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

Printed Name

AUG 9,

1993

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

SUPERVISOR, DISTRICT II

2) All sections of this form must be filled out for allowable on new and recompleted wells.

817/723-2166 Telephone No.

Title

- 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.