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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Т	O TRAI	NSPC	ORT OIL	AND NA	TURAL G					
Operator		Well API No.									
STEPHENS & JOHNSON OPERATING CO.							30-	<u>-015- →</u>	015-25156		
Address P. O. BOX 2249, WICH	ITA FALL	s, TX	7630	7-2249	ı						
Reason(s) for Filing (Check proper box)					Ott	net (Please expi	lain)				
New Well		Change in	•		Ef	fective	9/1/93				
Recompletion	Oil Comment		Dry Gas Condens	_							
Change in Operator XX	Casinghead	GAE	Conoca			·			· · · · · · · · · · · · · · · · · · ·		
and address of previous operator			ING C	COMPANY	P. O.	BOX 224	9, WICH	TA_FALL	S, TX 76	307-2249	
II. DESCRIPTION OF WELL Lease Name SOUTH RED LAKE			Pool Na	me Includi	ng Formation		Kind	of Lease	L	ease No.	
GRAYBURG UNIT									Federal or Fee LC 05556/		
Location Unit Letter 3	. 33	0	Feet Fre	m The M	oth in	me and 16	6 Fe	et From The	East	Line	
Section 35 Townshi	17S		Range	27E			EDDY			County	
III. DESIGNATION OF TRAN	ISPORTER	OF OI	L ANI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condens			Address (Gi	ve address to w	hich approved	copy of this f	form is to be se	ni)	
SCURLOCK PERMIAN CORPORATION					P. O. BOX 4648, HOUSTON, TX 77210-4648						
Name of Authorized Transporter of Casinghead Gas or Dry Gas NA						Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.					is gas actually connected? When ?						
If this production is commingled with that	from any other	r lease or p	ool, giv	e commingl	ing order nur	iber:					
IV. COMPLETION DATA		Oil Well	0	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>			Total Depth	1	_L	<u></u>	<u> </u>		
Date Spudded	Spudded Date Compi. Ready to Prod.							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations								Depth Casing Shoe			
TUBING, CASING AND					CEMENT	NG RECO	ফ				
HOLE SIZE						DEPTH SET			SACKS CEMENT		
								<u> </u>			
	ļ										
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		l			J			
OIL WELL (Test must be after	recovery of tou	al volume d	of load o	oil and must	be equal to o	r exceed top al	lowable for the	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing M	lethod (Flow, p	nump, gas lift,	eic.)			
Length of Test	Tubing Pres	Tubing Pressure				ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbit			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
· · · · · · · · · · · · · · · · · · ·			=								
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIAN	ICE			NOCDV	ATION	חועופוכ	NI.	
I hereby certify that the rules and regu	lations of the (Dil Conserv	vation			OIL COI	NOEU A	AHON	אוסועוט	JIN .	
Division have been complied with and is true and complete to the best of my	that the infort	nation give	n above	:	Date	e Approve	ed 0	CT 2 5	1993		
Je Summander	eu					• •		0100100	m V		
Signature JO BUMGARDNER PRODUCTION MGR					By ORIGINALISIGNED BY MIKE WILLIAMS						
Printed Name AUG 9, 1993		317/72	Title		Title		SUPERVIS	OR, DIST	RICT If		
Date			phone N								

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.