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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

RECEIVED

AUG 16 1993

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator STEPHENS & JOHNSON OPERATING CO.	Well API No. 30-015-02219
Address P. O. BOX 2249, WICHITA FALLS, TX 76307-2249	
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ Effective 9/1/93 Change in Operator ☒ Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator S & J OPERATING COMPANY, P. O. BOX 2249, WICHITA FALLS, TX 76307-2249	

II. DESCRIPTION OF WELL AND LEASE

Lease Name EAST MILLMAN POOL UNIT, TRACT # 5	Well No. 1	Pool Name, Including Formation MILLMAN QUEEN, GB/SA, EAST	Kind of Lease State ☒ Federal ☐ or Fee ☐	Lease No. OG-272
Location Unit Letter N : 330' Feet From The South Line and 1980' Feet From The West Line Section 12 Township 19S Range 28E , NMPM , EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ SCURLOCK PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4648, HOUSTON, TX 77210-4648					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) DRAWER P, ARTESIA NM 88210					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 13	Twp. 19S	Rge. 28E	Is gas actually connected? yes	When?
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐	Gas Well ☐	New Well ☐	Workover ☐	Deepen ☐	Plug 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 Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post FO-3
			12-10-93
			dy up

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jo Bumgardner

Signature
JO BUMGARDNER
Printed Name
Aug - 3 1993
Date
PRODUCTION MGR
Title
817/723-2166
Telephone No.

OIL CONSERVATION DIVISION

OCT 25 1993

Date Approved
By
ORIGINAL SIGNED BY
MIKE WILLIAMS
Title
SUPERVISOR, DISTRICT II

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.

