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

RECEIVED

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

AUG 1 8 **1993** 

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

Q. C. D.

I.						) AUTHOF ATURAL (						
Operator	!	UIRA	MOF	ONI OII	LANUN	ATURAL	GΑ		API No.			
STEPHENS & JOHNSON OPERATING CO.						30-015-022						
Address	LEMITIM	<del> </del>		<del></del>	<del></del>	<del></del>		- !				
P. O. BOX 2249, WICH	ITA FALI	LS, TX	763	307-2249	9							
Reason(s) for Filing (Check proper box)			_		_ o	ther (Please ex	<b>qəla</b> ii	1)				
New Well	Oil	Change in	Transp Dry G		<b></b>	ffective	۵	/1/02				
Change in Operator	Casinghead	Gas 🗀	Conde	_	Ľ.	riective	. J	1/33				
If change of overstor give name	_ <del></del>											
and address of previous operator S&	J OPERA	AIING	COMI	ANY, P.	. О. вол	X 2249,	MT (	CHITA	FALLS, 1	X 76307	-2249	
II. DESCRIPTION OF WELL			<del>,</del>									
Lease Name EAST MILLMAN POOL UNIT, TRACT #	7 Well No. Pool Name, Includi								of Lease Federal or Fe	Codem) on East		
Location	<u> </u>	~	MI	LLMAN (	QUEEN, (	B/SA, E	AS:		1000141 01 76	٠- ٢	7668	
F	: 1980			^	امامل	ine and Lolo	ς ι .	_	eet From The	111004		
Unit Letter	_ : _ 1 • 0 ~		reet r	tom the	IOCTIT L	ine and <u>www</u>		F	eet From The	VOC 5.1	Line	
Section 15 Townshi	<u>198</u>	· · · · · · · · · · · · · · · · · · ·	Range	281	3 , 1	NMPM,		EDDY			County	
						_				, ,		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden		ID NATU	RAL GAS	ivo addaaa ta	bis		d name ad this			
						Address (Give address to which approved copy of this form is to be sent)						
SCURLOCK PERMIAN CORPORATION  Name of Authorized Transporter of Casinghead Gas						P. O. BOX 4648, HOUSTON, TX 77210-4648  Address (Give address to which approved copy of this form is to be sent)						
PHILLIPS PETROLEUM COMPANY						DRAWER P. ARTESIA NM 88210						
If well produces oil or liquids, Unit Sec. Twp. F					Is gas actually connected? When?					<del></del>		
give location of tanks.	B	13	198	_	yes			L		-		
If this production is commingled with that if	from any othe	r lease or p	pool, gi	ve comming	ing order nur	nber:						
IV. COMPLETION DATA		Oil Well	<u> </u>	Gas Well	New Well	Workover	,-	D	l North	le. D	- <u></u>	
Designate Type of Completion	- (X)	JOH WEIL	i	Car well	 	WORKOVER	i	Deepen	i ring back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth				P.B.T.D.	<b>L</b>	<u></u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing				th		
Perforations										Depth Casing Shoe		
										Deput Casing Shoe		
	CEMENTING RECORD											
HOLE SIZE	ING & TU			DEPTH SET			SACKS CEMENT					
										Part ID-3		
										12-12-93		
						1				she of		
V TECT DATA AND DECLES	T FOR A	LLOWA	DIE	··	<u> </u>				1	J/	<u> </u>	
V. TEST DATA AND REQUES OIL WELL (Test must be after re					he equal to a	r arcaed ton a	llow	able for thi	e denth or he	for full 24 hou	<b>*</b> c )	
Date First New Oil Run To Tank	Date of Test		9 1000	ou and musi		Method (Flow,				or just 24 nou	73./	
!												
Length of Test	Tubing Press	Bure	,		Casing Pressure				Choke Size	Choke Size		
								Coo MCE				
Actual Prod. During Test Oil - Bbls.					Water - Bbis.				Gas- MCF			
C. C. T. T. L.	<u> </u>				<u> </u>				<u> </u>		<del></del>	
GAS WELL Actual Prod. Test - MCF/D   Length of Test						Bbls. Condensate/MMCF				Gravity of Condensate		
	Length of lest				Bots. Condensate Mivier				Glavity of C	Olivity of Condition		
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE		0" 00			A = 1 O N 1	D. !! O. ! O		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CO	NS	SERV	AHON	DIVISIC	N	
Division have been complied with and that the information given above									OCT 25 1993			
is true and complete to the best of my knowledge and belief.					Date ApprovedULI				טנו בי	1993		
Ja Summands	een)					, ,						
Signature				<del></del> -	∥ By_		יםר		<del>c,,caard <b>c</b></del>	<del>.</del>		
JO BUMGARDNER PRODUCTION MGR						ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name Title 817/723-2166						Title SUPERVISOR, DISTRICT II						
Date			phone N						- <del></del>			
		reiet	ARTIC [	₩.	<u> </u>			- 10				

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.

