OIL CONSERVATION DIVIS

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

	REQL	JEST FO	or a	/LLO	WA	BLE AND	AUTHOR	ZATION					
I.							TURAL G						
Operator	<del></del>			• • • • • • • • • • • • • • • • • • • •					API No.				
STEPHENS & JOHNSON OPERATING CO.								30	-025- D	5/47			
Address						·· -		30	-023				
P. O. BOX 2249, WICH	ITA FALI	LS, TX	76	307-	-224	19							
Reason(s) for Filing (Check proper box)						Oth	er (Please expl	ain)					
New Well		Change in	Transp	orter of	f:								
Recompletion	Oil		Dry G	ies									
Change in Operator	Casinghea	,	Conde		$\Box$	effec	ctive Nov	vember	1, 1993				
If change of operator give name					<u> </u>	<del></del>			<del></del>				
and address of previous operator				-					<del></del>			<del></del>	
II. DESCRIPTION OF WELL	AND LEA			<del></del>		<u></u>							
Lesse Name DENTON NORTH	- 10 0					•		of Lease No.					
WOLFCAMP UNIT - TRACT	r# 6	8	DENTON W			OLFCAMP		, Federal or Fe	receital dr Fee				
Location	1 /				0	+4	$\sim$	1 0					
Unit Letter /V	<u> 6</u>	. 0	Foot P	rom Th	<b>*</b> ★	auch Lie	e and <u>'7</u>	<u>40</u> F	est From The	West		Line	
2.1									_				
Section & Township	<u> </u>	S	Range	3	7E	, N	MPM,	LEA			Cour	aty	
III. DESIGNATION OF TRAN	<u>SPORTE</u>	<u>r of oi</u>	LAN	ID NA	<u> TU</u>	RAL GAS			<u>.</u>	·			
Name of Authorized Transporter of Oil					'ipe	Meter (Giv	e address to w	tick approved	d copy of this fo	orm is to be se	mt)		
EOTT OIL PIPELINE COM		EEC)				P O BOX	4666, H	OUSTON.	TX 772	2 <u>10-4666</u>	)		
Name of Authorized Transporter of Casing			or Dry	Ges [		Address (Giv	e address to wi	rick approved	d copy of this fo	orm is to be se	int)		
J. L. Davis Cas	6-0.												
If well produces oil or liquids,	Unit	Sec.	Twp.		Rge.	is gas actually	y connected?	When	1 ?				
rive location of tanks.		26	145	3	7E			1					
f this production is commingled with that f	rom any othe	er lease or p	ool, gi	ve com	minel	ing order numi	ber:	<del></del>					
V. COMPLETION DATA	•	•							·				
		Oil Well		Ges W	-11	New Well	Workover	Deepen	Plug Back	Sama Basin	Diff Re		
Designate Type of Completion -	· (X)	i men	- [	<b></b>	eu	I them well i	i warate	i Despes	i unit pace	   Petine Ket A	pan ke	52 v	
Date Spudded	Date Compi	Pendy to				Total Depth		<u> </u>	DDTD	L	<u></u>		
our operation	Jan Comp	. Rossy w	1104						P.B.T.D.				
Flower OF DED DE CO	N	A				Top Oil/Gas I	<b>4</b>						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						TOP OF CHEST	ray	Tubing Depth					
Perforations									Depth Casing	g Shoe			
· · · · · · · · · · · · · · · · · · ·	Ti	UBING.	CASI	NG A	ND	CEMENTE	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET	S	SACKS CEMENT				
	<del></del>								<del>                                     </del>				
· · · · · · · · · · · · · · · · · · ·	<del></del>								<del> </del>				
· · · · · · · · · · · · · · · · · · ·	<del></del>								<del></del>				
I TOOT DATE AND DECLINO	T FOR		N: F			<u> </u>			1				
. TEST DATA AND REQUES													
OIL WELL (Test must be after re	covery of total	al volume o	f load	oil and	must					or full 24 hour	5)		
Date First New Oil Run To Tank	Date of Test	t				Producing Me	thod (Flow, pu	mp, gas lift, i	ttc.)				
Length of Test	<b>Tubing Pres</b>	STILE				Casing Pressu	re .		Choke Size				
•													
Actual Prod. During Test Oil - Bbls.						Water - Bbis.			Gas- MCF	Gas- MCF			
	J 2412												
						L	<del></del>		1			نـــــــــــــــــــــــــــــــــــــ	
GAS WELL								•					
Actual Prod. Test - MCF/D	Leagth of T	est				Bbis. Conden	sate/MMCF		Gravity of C	onden mate			
esting Method (pitot, back pr.)	itot, back pr.) Tubing Pressure (Shut-in)					Casing Pressu	re (Shut-in)	Choke Size					
	ł								1				
VI OPERATOR CERTIFIC	ATE OF	COL MI	7 7 4 3	ICE		ir——			<del></del>				
VI. OPERATOR CERTIFICA	=			NCE			DIL CON	SERV	ATION F	NISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved NOV 0 1 1993							
•		,				Date	Approved	<u>VON</u> t	<u>U 1 1995</u>	)			
Jo Burnyar	the o-	<b>,</b> /					FF: 2.2		<u> </u>				
To Survige	July 1				_	n							
Signature JO BUMGARDNER	DRABUS	mtov :-	05		_	∥ By_			<del></del>	<del> </del>			
	PRODUC				_			-					
Printed Name	Title					Title							
10-26-93 Date	817/72		hone N	ī.	_								
410		مخام ا		<b>•</b> C1									

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

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.

100 mg/2 100