Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Well	API No.				
STEPHENS & JOHNSON OPERATING CO. 30-							025-05144				
Address								<del></del>			
P O BOX 2249, WICH	TA FALLS, T	76307	-2249								
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:								ective 11/1/93			
New Well Change in Transporter of:  Recompletion Oil Dry Gas Previous C-104 cha							iged/tra	nsporte	r to Eott		
Change in Operator	Casinghead Gas	Condens		in e	error. T	his C-l	.04 to c	hange t	ransporte		
If change of operator give name and address of previous operator				back	to Shel	1 Pipel	ine.				
•	ANDIES				<del></del>	<del></del>					
II. DESCRIPTION OF WELL Lease Name		Bool Nam	no lankadi	ing Commercian	····	721		<del>\</del>	<del></del>		
POPE, T.D.	Well No. Pool Name, Inclu			TTODY TANK			of Lease No. , Federal or Fee NA				
Location Unit Letter	: 640	_ Feet From	n The #	auth Lin	e and	8 0 F	eet From The	Wei	Z Line		
Section 2-6 Townshi	p 14S	Range	37E	, N	мрм,	LEA			County		
III DESIGNATION OF TOAN	CROPER OF						<u> </u>				
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Shell Pipeline	x or Conde		NATU:	Address (Giv	x 2648,	hich approved	copy of this f	form is to be 7252	seni)		
Name of Authorized Transporter of Casin	ghead Gas	or Dry G	85 🔲	<del>+</del>	e address to wi				sent)		
J.L. DAVIS GAS	Co.	·							_		
If well produces oil or liquids, give location of tanks.	Unait Sec.  J 26	Twp.     148	Rge. 37E	is gas actually connected? When			?				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	r pool, give	comming	ing order num	ber:						
Designate Type of Completion	- (X)	II Gas	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready t	to Prod.		Total Depth	[	<u> </u>	P.B.T.D.	<u> </u>	_L		
evations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations				Depth Casin	g Shoe						
	TUBING, CASING ANI			CEMENTI	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET	<del></del>	SACKS CEMENT				
						<del></del>	1				
								<del>-,</del>			
							<del> </del>	<del></del>			
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE					<u> </u>	<del></del>			
	ecovery of total volume	of load oil	and must					for full 24 ho	urs.)		
Date First New Oil Run To Tank	Date of Test			Producing Me	shod (Flow, pu	mp, gas lift, e	uc.)				
Length of Test	Tubing Pressure			Casing Pressu	re	·	Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
GAS WELL			<del></del>		.,			· · · · · · · · · · · · · · · · · · ·			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
	-/										
VI. OPERATOR CERTIFIC.  I hereby certify that the rules and regula			E	C	DIL CON	SERV	ATION I	DIVISIO	NC		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				DEC 1 3 1993							
Je Sumander	•			Date	Approved	]					
Signature JO BUMGARDNER PRODUCTION MGR				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Printed Name 12/7/93 817/723-2166 Title				Title.							
Date		ephone No.									
				ll							

## 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.