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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Well	API No.		
STEPHENS & JOHNSON O	PERATING CO).				30	-025- <i>O</i> 3	5144	
Address						·		· · · · · · · · · · · · · · · · · · ·	
P. O. BOX 2249, WICH	ITA FALLS,	TX 7	6307-2249						
Reason(s) for Filing (Check proper box)					er (Please expla				
New Well	-	_	sporter of:	Ef	fective '	9/1/93			
Recompletion	Oil	_ `	Gas 🗀						
Change in Operator (ca)	Casinghead Gas	Con	densate						
If change of operator give name and address of previous operator $\frac{S - \delta_c}{\delta_c}$	J OPERATING	COM	PANY, P.	O. BOX	2249, WI	CHITA F	ALLS, TX	76307-	2249
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well	lo. Poo	l Name, Includi	_		1	of Lease	\	ease No.
POPE, T. D.	9		DENTON	DEVONIA	N	State,	Federal or Fee	<u> </u>	NA
Location Unit Letter	: 660	Fee	From The	auth Lin	e and 198	0Fe	et From The _	West	Line
Section > 5 Township	, 14S	Ran	ige 37E	. , N	мрм,	LEA			County
III. DESIGNATION OF TRAN			AND NATU			List annual of			
Name of Authorized Transporter of Oil SHELL PIPELINE	X or Con	densate			e address to wh BOX 2648				:ru)
	head Con [7]		Des Con Con				, 		
Name of Authorized Transporter of Casing		or 1	Ory Gas		e address to wi	• •			:nu)
J. L. DAVIS GAS COMP		Tyra	n P.co		COLORADO			9/01	
If well produces oil or liquids, give location of tanks.	Unit Sec. J 26	Tw _i	p. kge. 4S 37E	ls gas actuali	•	When	1		
If this production is commingled with that i				ing order num		11			
IV. COMPLETION DATA	nom any outer road	or poor,	give comming.	ing older mail		·			
Designate Type of Completion	Oil W	Veli	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Read	v to Prod	d.	Total Depth	<u>.</u>	<u>.</u>	P.B.T.D.		<u>.l.</u>
		,	-	•			1.3.1.5.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Format	ion	Top Oil/Gas	Pay		Tubing Dept	h	
Perforations	1			L			Depth Casing	g Shoe	
	TUBIN	G, CA	SING AND	CEMENTI	NG RECOR	D	т		
HOLE SIZE	CASING &	TUBIN	G SIZE		DEPTH SET		S	ACKS CEM	ENT
							ļ		
				ļ					
V. TEST DATA AND REQUES	T FOR ALLO	WARI	F				<u>i</u>		
OIL WELL (Test must be after re				he equal to or	exceed top all	ountle for thi	s denth or he f	or full 24 hou	ers)
Date First New Oil Run To Tank	Date of Test	me oj to	un on and musi		ethod (Flow, pu			or yazı 2 + 1101	
Date Ling New Oil Kun 10 19mx	Date of Test			i rounding m	Cu.ou (1 1511) pu		,		
Length of Test	Tubing Pressure			Casing Press	ште		Choke Size		
and a second	Lucing Flessure								
Actual Prod. During Test	Oil - Bbls.			Water - Bbls			Gas- MCF		
J									
GAS WELL					-, /15				
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conder	sate/MMCF		Gravity of C	ondensate	
Testing Method (pitot, back pr.)	Tubing Pressure (S	Shut-in)		Casing Press	ure (Shut-in)		Choke Size	*	
remove and the second		-		-					
VI. OPERATOR CERTIFIC	ATE OF CON	лрі і	ANCF	1					
I hereby certify that the rules and regula				(OIL CON	ISERV.	ATION I	DIVISIO	NC
Division have been complied with and						04	T G G 4	000	
is true and complete to the best of my h				Date	e Approve	ત પા	CT 22 1	555	
2				Dale	2 Whhinse	-			
" Sumari	men						11		
Signature JO BUMGARDNER	DDODUGET OF	MOD		∥ By_		Orig. Sig	med by		
	PRODUCTION					Paul Geole	orist Orist		
Printed Name	017/702 016	Tiu	e	Title		Georg			
Date	817/723-216	6 Telephor	ve No						
Date		rerebuor	K 17U.	<u> </u>				•	

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

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTE		
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V.8,4.4.		
LANG OFFICE		
TRAMSPORTER	ON.	
	946	
OPERATOR		
PROBATION OF	166	

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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 08-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	AUTHOR	RIZATION TO TRAN	SPORT OIL	L AND NATU	RAL GAS		
S & J Operating Comp	any						
P. O. Box 2249, Wich	ita F	alls, TX	76	5307			
Reason(s) for filling (Check proper bes)				Other (Please	espiein)		
Recompletion		Trensperter el:	Try Ges		•		
Change in Operator	Cess	nehoed Gas 🔲 (endensate				-
If change of ownership give name and address of previous owner	Mobil F	Producing TX &	N. M.,	Inc.		÷3	ż
II. DESCRIPTION OF WELL AND LI						7	
T. D. Pope	Well No.	Peel Name, Including ! Denton Devon			Kind of Lease		Leese No.
Location		Delicon Devoit	Lau		State, Federal or Fed	Fee	
Unit Letter N : 660	_Feet Free	South L	<u> 19</u>	80	_ Feet Frem The	West	•
Line of Section 26 Township	, 149	Range	37E	, NMPM,	Lea		County
III. DESIGNATION OF TRANSPORT	TED OF C						County
Name of Authorises Transporter of OII	or Co	ndenante	Address (C	Give address u	o which approved copy	r of this form is to	be sens
Mobil Pipe Line Company Name of Authorized Transporter of Casinghe			P. O.	Box 90	0. Dallas.	TX 752	21
Tipperary Resources		L Davis	500 W	i v ddes : West Ill	inois, Mid	of this form is to land. TX	79702
If well preduces oil or liquide,		Twp. Rge.	is gas cen	narry connecte	£? When		
f this production is commingled with the	J : 26		l No		mporarily A	Abandoned	
NOTE: Complete Parts IV and V on			ELAS COMMI	ingling order	number		
VI. CERTIFICATE OF COMPLIANCE			l l	חוו רר	INSERVATION (38.40.00	
hereby certify that the rules and regulations of	Oil C				WASEHVALLON (AADP	
een complied with and that the information give ny knowledge and belief.	in in true and	complete to the best of	APPRO		HONAL SIGNED	W HORY CEY	8 N
ny knowledge and belief.			8 Y		DISTRICT I-64		
_			TITLE.				
Sandy (Ro	Ises.	toon)	This	form is to 1	be filed in complies	ee with RULE	1104.
(Signature)	<u> </u>	<u> </u>	If the	de la a requi	et for allowable for	a newly drilled	
Petroleum Engineer					ATT THE SECRETARIES A	MED RULE !!!.	
December 5, 1988					his form must be fli impleted wells.		
(Desc)					ctions L. II. III., es or transporten or oth	ior tuen change	of conditions.
		1	Sope completes	rate Forms	C-104 must be file	d for each pool	i in multi de

TEST DATA AND REQUEST OIL WELL OF First New Oil Run To Tunks Oth of Toot MELL MI Prod. During Toot WELL Int Prod. Toot-MCF/D Ing Mothed (pict, back pr.)	Date of Tees Tubing Present Cil - Shie. Langth of Tees Tubing Present	re .			nthed (Flow,)				ed top all
eth of Toet MELL	Date of Test Tubing Pressu		et must be af le fer this de	Producing Mi	thed (Flow,)		Choke Size	al w de ano	ed top all
of the Teet	Date of Test Tubing Pressu		et must be af le fer this des	Producing Mi	thed (Flow,)		Choke Size	al w de ano	ed top ell
of the Teet	Date of Test Tubing Pressu		et muet be af le fer thie des	Producing Me	thed (Flow,)		l. ecc./	nal to de case	ed top all
- Fund New Cill Num To Tents	Date of Teet		et must be af le fer this des					nal 10 jul cano	ed top el
OIL WELL	POR ALLOW	ABLE (To	et must be af le for this des					al to proces	ed top at
TO 10 A 10	F 700						<u> </u>	•	-
HOLE SIZE	CASING	S & TUBIN	G SIZE		DEPTH SET		SA	CKS CEMEN	iT
		TUBING, C	ASING, AND	CEMENTIN	G RECORD				
vierations							Depth Casta	Shee	
rvellens (DF, RKS, RT, GR, etc.	Name of Producing Farmation			Top Oll/Gas Pay			Tubing Dopth		
	Deso Compi.			Total Depti			P.S.T.D.	<u> </u>	<u> </u>
No Special			<u> </u>	i	,	!		Same Rea'v	. ¡ Dut. ;
Designate Type of Comple				New Well	Workover	Deepen	Plus Book		

1773年(1915年1月1日) - 1917年(1916年) (1916年) (1917年) (1917

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