Revised 1-1-89 See Instructions at Bottom of Page

Santa Fe, New Mexico 87504-2088

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

DISTRICT III

I.					ABLE AND NL AND NA						
Operator STEPHENS & JOHNSON OPERATING CO.							Well API No.				
Address							30.	· 025 - <i>C</i>	5156		
P. O. BOX 2249, WICH	ITA FAL	LS, TX	763	307-22	49						
Reason(s) for Filing (Check proper box) New Well					Oth	et (Please expl	ain)				
Recompletion	Oil	Change in 1	i maspo Dry Ga								
Change in Operator	Casinghea	_	Conden		effec	ctive Nov	vember 1	, 1993			
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	ANDIE	A CE	•				· ·				
Lease Name DENTON NORTH	ding Formation	ing Formation Kind of Lease C Lease No.									
WOLFCAMP UNIT - TRACT	T# 6 3/ DENTON W				WOLFCAMP		State,	Federal of Fee			
Location	66				111017	100	80		South	•	
Unit Letter	- :	1	Foot Pr	om The _	West Lie	e and	F	et From The	France	Line	
Section 3-6 Township	<u> </u>	ks i	Range	37E	, N	MPM,	LEA			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OII	L ANI	D NATI	URAL GAS						
Name of Authorized Transporter of Oil on Condensate							vick approved	copy of this	form is to be s	ert)	
EOTT OIL PIPELINE COMPANY (EEC) Name of Authorized Transporter of Casinghead Gas or Dry BCJ VC 1- Authorized (Give address to which ap							OUSTON,	TX 77	<u>210-4666</u>)	
J.L. Davis GA	/ / N	<u> </u>	a Diy		· Martines (CAN	e eucress 10 wi	ися арргочев	copy of thus	orm is to be st	(ME)	
If well produces oil or liquids, rive location of tanks.	Unit	Sec.	wp.			is gas actually connected? When			7		
If this production is commingled with that i	J		145	37E							
IV. COMPLETION DATA	IOM MLY OUR	er seems or po	KOL, SIVI	e commun	Straff occue, serial		T				
Designate Type of Completion	- (X)	Oil Well	1	les Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	l. Ready to P	rod.		Total Depth			P.B.T.D.	·		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	Top Oil/Gas Pay Tubing Do				pth	
Perforations								Depth Casing Shoe			
UOLE CITE	TUBING, CASING AND								CACKO OFMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
							 _				
V. TEST DATA AND REQUES	T FOR A	LLOWAI	BLE		<u> </u>			<u> </u>			
OIL WELL (Test must be after re	t 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 Me	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressu	n ·		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.	Water - Bbis.			Gas- MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of T	oot			Bbis. Condens	nte/MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	Casing Pressure (Shut-in)			Choke Size		
VL OPERATOR CERTIFICA	ATE OF	COMPT	I A RY	CE	-			L			
I hereby certify that the rules and regula				CE		DIL CON	SERV	MOIT	DIVISIC)N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION NOV 0 1 1993						
	-				Date	Approved		······			
Jangardner					Ву_	ORIGIN	IAL SIGNE	D BY JERF	RY SEXTON	ł	
JO BUMGARDNER	BUMGARDNER PRODUCTION MGR						und ATGT	SUPERVI	SOR		
Printed Name	015/55	_	itle		Title				بسدختان .	•	
10-26-93 Date	817/72	3-2166 Teleph	one No								
		•									

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.