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

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

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III

**OIL CONSERVATION DIVISION** 

I.					AUTHOR					
Operator STEPHENS & JOHNSON OPERATING CO.						Well API No. 30-025- US/74				
Address					30-023- 03//7					
P. O. BOX 2249, WICH Reason(s) for Filing (Check proper box)	ITA FALI	S, TX	76307-224		het (Please expl	laia)				
New Well	1	Change in Tr	ansporter of:		nei (Lieaze expi	am)				
Recompletion	Oil Casinghead		ry Gas $\square$	Ef	fective	9/1/93				
If change of country give name				P O BOX	2249, WI	CHITA F	ALLS TY	76307-7		
II. DESCRIPTION OF WELL					<u>,,                                  </u>	<u> </u>	HILD, IA	10307-2	-247	
Lease Name DENTON NORTH Well No. Pool Name, Including Form					l l					
WOLFCAMP UNIT - TRAC Location	T #	4	DENTON W	OLFCAMP	<del></del>	State	Federal br Fe	e		
Unit Letter	33	0 Fe	set From The	East	ne and	, O <sub>=</sub>	eet From The	Saut	لم Line	
Section 3 7 Townshi	n 14S		22-			LEA				
Section ( Townshi	p 140	К	ange 3/E	<u>, , r</u>	impm,	LEA			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OIL				hick annual	d come of this	form in to be a		
SHELL PIPELINE					Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 2648, HOUSTON, TX 77252					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids,	J. L. DAVIS GAS COMPANY well produces oil or liquids,   Unit   Sec.   Twp.   Rge				211 N. COLORADO, MIDLA Is gas actually connected? When					
give location of tanks.	J		.4S   37E	у	yes Ma			y 1, 1970		
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or poo	i, give com <u>min</u>	gling order nun	nber:					
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi.	Ready to Pr	od.	Total Depth		<u>•</u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casir	Depth Casing Shoe		
					CEMENTING RECORD					
HOLE SIZE	CASI	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
					<del></del>	<del></del> -				
V. TEST DATA AND REQUES							.1			
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
	Date of Ita									
Length of Test	Tubing Pressure			Casing Press	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis	Water - Bbis.			Gas- MCF		
GAS WELL	•			· · · · · · · · · · · · · · · · · · ·			•			
Actual Prod. Test - MCF/D	Bbis. Conde	Bbis. Condensate/MMCF			Gravity of Condensate					
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE		011 00:		ATION	DIV (1010		
I hereby certify that the rules and regul Division have been complied with and	that the inform	nation given a			OIL CON	ISERV.	AHON	DIVISIC	N	
is true and complete to the best of my l		Jenei.		Date	Approve		CT 22	1993		
Signature				By_	Orig. Sig  By					
JO BUMGARDNER I	PRODUCTI		ıt.			_				
Printed Name	817/7	23-2166		Title						
Date		Telepho	ne 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.