Appropriate District Office DISTRICT I				INI TIVICXI				_		
	: •~.	vergy, Mi	nerals and N	atural Resou	irces Depart			Form (Revise	1 1-1-89	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	•	OIL CO	DNSERV	ATION	DIVIS	JN		at Bott	tructions om of Page	
P.O. Drawer DD, Artania, NM 88210 DISTRICT III				Box 2088		011				
1000 Rio Brazos Rd., Aztec, NM 8741	0 BEOLI									
I.	1	TO TRAN	R ALLOWA	IL AND N		IIZATION BAS				
Operator STEPHENS & JOHNSON						Well	API No.	~ 1 2 7		
Address		, co.		<u> </u>		30	-025- 0	5182		
P. O. BOX 2249, WIC		LS, TX	76307-22	49						
Reason(s) for Filing (Check proper box New Well		Change in Ti	manadar of		her (Please exp	dair)				
Recompletion	Oil		ny Gas							
Change in Operator	Casinghead	Gas C	ondensate	eite	ctive No	vember	1, 1993			
and address of previous operator		······	·							
L. DESCRIPTION OF WELL										
WOLFCAMP UNIT - TRA	WOLFCAMP UNIT - TRACT# 5 8 DENTON				ding Formation Kind WOLFCAMP State				Lease No.	
Location							<u>C</u>			
Unit Letter		80 R	et From The _	auth Li	16 and <u>?</u>	90 F	eet From The _	West	 Lin	
Section 35 Towns	<u>hip 14</u>	S R	ange 37E	. N	MPM.	LEA			County	
T DESIGNATION OF TRA									county	
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Condensit	AND NATU	RAL GAS	e.address to w	hick annean		The is to be se		
EOTT OIL PIPELINE CO	MPANY (E	EC)	Effective	Pipeline Pi 0, BO	4666, 1	HOUSTON ,	TX 772	10-4666	ru)	
Name of Authorized Transporter of Casi J.L. Davis Gas		or	Dry Ges	Addited (Gi	e address to w	hick approved	copy of this fo	rm is to be se	u)	
I well produces oil or liquids,	Unit S	iec. Tv	vp. Rgs.	Is gas actual	y connected?	When	?		······	
ive location of tanks.			4S 37E			i				
this production is commingled with the V. COMPLETION DATA	I NOTE ABY OTHER	lease or poo	l, give comming	ling order num	ber:			······		
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Dete Spudded	Date Compi.	Ready to Pro	<u> </u>	Total Depth	1	L			<u>l</u>	
·								P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Ges Pay			Tubing Depth			
				L			Death Casing	Ch		
erforations							Depth Casing	2006		
terformations			0120 425					2006		
HOLE SIZE		BING, CA	SING AND	CEMENTI		D				
				CEMENTI	NG RECOR DEPTH SET	D		ACKS CEME	NT	
				CEMENTI		D			NT	
HOLE SIZE	CASIN	NG & TUBIN	IG SIZE	CEMENTI		D			NT	
HOLE SIZE	CASIN ST FOR AL	NG & TUBIN	IG SIZE		DEPTH SET		SA	ACKS CEME		
HOLE SIZE . TEST DATA AND REQUE IL WELL (Test must be after i	CASIN ST FOR AL	NG & TUBIN	IG SIZE	be equal to or	DEPTH SET	wable for this	SA 	ACKS CEME		
HOLE SIZE . TEST DATA AND REQUE IL WELL (Test must be after i sue First New Oil Rus To Tank	CASIN ST FOR AL recovery of total Date of Test	LOWABI	IG SIZE	be equal to or Producing Me	DEPTH SET	wable for this	depth or be for c.)	ACKS CEME		
HOLE SIZE . TEST DATA AND REQUE IL WELL (Test must be after i sue First New Oil Rus To Tank	CASIN CASIN ST FOR AL	LOWABI	IG SIZE	be equal to or	DEPTH SET	wable for this	SA 	ACKS CEME		
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HOLE SIZE . TEST DATA AND REQUE IL WELL (Test must be after i ate First New Oil Rus To Tank ength of Test ctual Prod. During Test	CASIN ST FOR AL recovery of total Date of Test Tubing Pressu	LOWABI	IG SIZE	be equal to or Producing Me Casing Pressu	DEPTH SET	wable for this	depth or be for c.) Choke Size	ACKS CEME		
HOLE SIZE . TEST DATA AND REQUE IL WELL (Test must be after to the First New Oil Run To Tank ength of Test ctual Prod. During Test GAS WELL	CASIN ST FOR AL recovery of total Date of Test Tubing Pressu Oil - Bbls.	LOWABI	IG SIZE	be equal to or Producing Me Casing Pressu Water - Bbis.	DEPTH SET	wable for this	depth or be for c.) Choke Size Gas- MCF	ACKS CEME		
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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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.