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Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

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

I.

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						i	API No.			
STEPHENS & JOHNSON O	PERATING CO					30-	025- O	E812		
Address					•					
P. O. BOX 2249, WICH	ITA FALLS,	TX 7	6307-2249		<u> </u>					
Reason(s) for Filing (Check proper box)	_			Oth	et (Please expla	in)				
New Well	Chang Oil	_	nsporter of:	77.6		/1/02				
Recompletion Change in Operator XX	EI	fective 9	1/1/93							
16	Casinghead Gas	-	adenmate							
and address of previous operator S	& J OPERATI	NG C	OMPANY, P	O BOX	2249, WIC	HITA FA	LLS, TX	76307-2	249	
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name DENTON NORTH	ng Formation			of Lease						
WOLFCAMP UNIT - TRAC	T # 5 9		DENTON WO	LFCAMP		State,	Federal or Fe	9)		
Location	, , ,			~ /	- 1 -	_		()>	_	
Unit Letter	0 ما ما .	Fe	et From The	outh Lin	e and 213	<u> </u>	et From The	<u>wen</u>	Line	
Section 3 5 Townshi	n 14S	n.	nge 37E	N 7	ACTS (LEA			C	
Section 5 Townshi	p 143	<u> Ka</u>	nge 3/E	, N	MPM,	LEA	****		County	
III. DESIGNATION OF TRAN	SPORTER OF	OII.	AND NATII	RAL GAS						
Name of Authorized Transporter of Oil	or Cor	densate		Address (Give address to which approved copy of this form is to be sent)						
SHELL PIPELINE	T C		<u></u>	P. O.	BOX 2648,	HOUSTO	N, TX	77252		
Name of Authorized Transporter of Casing	ghead Gas X	or	Dry Gas	Address (Give address to which approved copy of this form is to be sent)						
J. L. DAVIS GAS COMP.	ANY			211 N. COLORADO, MIDLAND, TX 79701						
If well produces oil or liquids,	Unit Sec.	J 26 14S 37E			yes Ma			? y 1, 1970		
give location of tanks.	 									
If this production is commingled with that	from any other lease	or poo	l, give comming!	ing order num	ber:					
IV. COMPLETION DATA	Oil V	Vall	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	7611	l Car wen	I HEW WELL	WORDS	Dechen	Ling Dack	Same Res	Din Res	
Date Spudded	Date Compl. Read	ly to Pro	×d.	Total Depth	A		P.B.T.D.	<u> </u>		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
				Depth Casing Shoe						
Perforations							Depth Casis	ng Shoe		
	T IND	10.0	CDIC AND	CEN CENTER	NC BECOR	<u> </u>	<u> </u>			
				CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING	IUDII	NG SIZE	DEFINSE			SACKS CEMENT			
									·	
	+									
					-					
V. TEST DATA AND REQUE					.					
	recovery of total volu	ome of l	oad oil and must					for full 24 hou	rs .)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pu	mp, gas lift, i	elc.)			
				Casina Prose			Choke Size			
Length of Test	Tubing Pressure			Casing Pressure						
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF		
ractual Flore During Foot	Oil - Bois.			Water - Dota.						
CACNELL										
GAS WELL Actual Prod. Test - MCF/D Length of Test				Bbis, Condensate/MMCF			Gravity of Condensate			
:	Tricing Total			Bois. Concentration						
Testing Method (puot, back pr.)	ing Method (puot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	'ATE OF CO	MPI I	ANCE	1						
I hereby certify that the rules and regu					OIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above					nct 2 2 1993					
is true and complete to the best of my	knowledge and belie	ef.		Date	Approve			- · ·		
20 8	111-)				• •	`,	, i i i i i i i i i i i i i i i i i i i			
Jo Gunn Minn					Orig. Signet. By Paul Kautz					
Signature JO BUMGARDNER PRODUCTION MGR					Genlogist					
Printed Name	Title	ì								
1.2	817/723-					-				
Date		Telepho	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.