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, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

RE	EQUEST FOR ALLOWABLE AND AUT	HORIZATION
I.	TO TRANSPORT OIL AND NATUR	
Operator STEPHENS & JOHNSON OPERA		Well API No. 30-025- 05/92
Address P. O. BOX 2249, WICHITA	FALLS, TX 76307-2249	
Reason(s) for Filing (Check proper box)	Other (Ple	ase explain)
Recompletion Oil Change in Operator XX Casin	Charge in Transporter of: Dry Gas Effect ighead Gas Condensate	ive 9/1/93
change of operator give name of operator S & J OPERATING COMPANY, P O BOX 2249, WICHITA FALLS, TX 76307-2249		
II. DESCRIPTION OF WELL AND	LEASE	

Change in Operator A.S.	Camphead Gas	Condensate							
If change of operator give name and address of previous operator	& J OPERATIN	G COMPANY,	P O BOX	2249, WI	CHITA F	ALLS, T	x 76307-	2249	
II. DESCRIPTION OF WELL									
Lease Name DENTON NORTH	Well No	. Pool Name, Inclu	ding Formation		Kind	of Lease	7 1	ease No.	
WOLFCAMP UNIT - TRAC	ct # 6 11	DENTON W	OLECAMP		State	, Federal or F			
Location					<u> </u>				
Unit Letter	-: 66C	_ Feet From The 💆	South Lin	e and 3 .	<u>₹0</u> ғ	eet From The	Eav	Line	
Section 35 Townsh	hip 14S	Range 37E	, NI	мрм,	LEA			County	
III. DESIGNATION OF TRAI	NSPORTER OF (OIL AND NATI	JRAL GAS						
Name of Authorized Transporter of Oil	- or Crede			e address to wh	ich approve	d copy of this	form is to be s	eni)	
SHELL PIPELINE			1	OX 2648,				,	
Name of Authorized Transporter of Casis		or Dry Gas	Address (Giv	e address to wh	ich approved	d copy of this	form is to be s	ent)	
J. L. DAVIS GAS COMP		-, ,	211 N.	COLORADO	MIDL	AND, TX	79701		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge	, -		When				
	J 26	148 37E			M.	ay 1, 19	970		
If this production is commingled with that IV. COMPLETION DATA	t from any other lease or	pool, give comming	ling order numb	per:					
	Oil Wei	i Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	1 - (X)			··· GLEGVE!	Docpen	Tiug Dack	Jamile Kes v	Dill Kes v	
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth			P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Name of Producing Formation Top		Top Oil/Gas Pay			Tubing Depth		
Perforations			_i			D 12 C	~		
						Depth Casi	ng Shoe		
	TUBING	CASING AND	CEMENTIN	NG RECORI)	,			
HOLE SIZE	CASING & T	G IL TUBING SIZE DEPTH SET		· · · · · · · · · · · · · · · · · · ·	SACKS CEMENT				
			<u> </u>					·	
V. TEST DATA AND REQUE	ST FOR ALLOW	ARLE			 .				
	recovery of total volume		t be equal to or	exceed too allo	wable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			thod (Flow, pur			, , , , , , , , , , , , , , , , , , , ,		
Length of Test	·					Chale Ca			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
GAS WELL			-		· · · · · · · · · · · · · · · · · · ·				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of C	Condensate		
Testing Method (puot, back pr.)	Tubing Pressure (Shut	-in)	Casing Pressur	re (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	LATE OF COME	PLIANCE							
I hereby certify that the rules and regul Division have been complied with and	lations of the Oil Conser	vation		IL CON	SERV	NOITA	DIVISIC	N	
is true and complete to the best of my	knowledge and belief.	EU 400¥€	Date	Approved	OCT	2 2 199	33		
W Bunians	July		Date	•					
Sugnature LO PLIMCA DIDATED	DDODUGET		By	<u> </u>	rig. Sign Paul Ro	uts			
JO BUMGARDNER	PRODUCTION MG	R			Genlos	st			

Printed Name <u> AUC</u> — 3 19**93** 817/723-2166 Title Date Telephone No.

Title.

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.