P.O. Box 1980, Hobbs, NM 88240

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

L CONSERVATION DIVISI P.O. Box 2088

as tid mos saturn Resources separagrand

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

Santa Fe, New Mexico 87504-2088

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

I.	HEQI		R ALLOWA				ı			
Operator OPERATORIAL GAS							ell API No.			
STEPHENS & JOHNSON OPERATING CO.						1	30-025-05194			
P. O. BOX 2249, WICH	IITA FAL	LS, TX	76307-22	49			_			
Reason(s) for Filing (Check proper box)					her (Please exp	lain)				
New Well			ransporter of:		•	·				
Recompletion Change in Operator	Oil Casinghes		Ory Gas	effe	ctive Nov	vember	1, 1993			
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LE	ASE					<u> </u>			
Lease Name DENTON NORTH , Well No. Pool Name, Including Formation							of Lease	-	Lease No.	
WOLFCAMP UNIT - TRAC	τ# φ	20	DENTON 1	ı			, Federa or Fee			
Unit Letter			est Prom The	authu	m and _ 6 (0 ,	est From The	Cart	Line	
Section 5 5 Townshi	ip 12	4S R	ange 37E	, N	MPM,	LEA			County	
III. DESIGNATION OF TRAN	SPORTE	R OF QIL	AND NATE	RAL GAS						
Name of Authorized Transporter of Oil		or Condition	- Fnergy	Piberna 9'y	g address to wi	ich approve	d copy of this	form is to be s	tent)	
Name of Authorized Transporter of Casin			Ellective	ALP OF BOX	<u>4666, H</u>	OUSTON.	TX 77	210-466	6	
J. L. Devis Gas		or	Dry Gas	Addres (Giv	e address to wi	sich approve	d copy of this f	form is to be s	tens)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. Is gas actually connected? J 26 14S 37E						hea ?			
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or poo	l, give comming	ling order numb	ber:					
		Oil Well	Gas Well	New Well	Workover	Deepen	Dive Deet	le		
Designate Type of Completion		i	i	1 1464 1461	WOLDVE	l ∿eebear	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Forms	ntice.	Top Oil/Gas Pay			Tubing Depth			
Perforations							Dorth Codes St.			
							Depth Casing Shoe			
	π	UBING, CA	ISING AND	CEMENTIN	NG RECORI)	<u>'</u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
					·					
			···							
							-			
V. TEST DATA AND REQUES OIL WELL (Test must be after re							<u> </u>			
Date First New Oil Run To Tank	recovery of total volume of load oil and must Date of Test			Producing Met	exceed top allow thod (Flow, pun	vable for this no. sas lift. e	depth or be for	or full 24 hou	rs.)	
Length of Test	Tubing Press	N.re		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL							L	······································		
Actual Prod. Test - MCF/D	Length of Te	et	-	Bbis. Condensate/MMCF			Gravity of Condensate			

VL OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Testing Method (pitot, back pr.)

with Rule 111.

Jumparfreen Signature / JO BUMGARDNER (PRODUCTION MGR Printed Name 10-26-93 817/723-2166

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

Title.

Casing Pressure (Shut-in)

Choke Size

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

Date Approved NOV 0 1 1993

- 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.

Tubing Pressure (Shut-in)