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

Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I	REQU	JEST FO	OR AI	LLOWA ORT O	ABLE AND	AUTHOR	IZATION	ı			
Operator STEPHENS & JOHNSON OPERATING CO.						Well API No.					
Address		30-025-05195									
P O BOX 2249, WICH	ITA FALI	LS, TX	7630	7-224	9						
Reason(s) for Filing (Check proper box) New Well					₩ Ot	her (Please exp	lain) eff	ecțiye 1	1/1/93		
Recompletion	Oil	Change in			Prev	vious C-1	104 cha	nged/tra	II/I/33 Insporte	r to Eott	
Change in Operator	Casinghead		Dry Ga. Conden		ın e	error.]	Chis C-	104 to c	hange to	ransporte	
if change of operator give name and address of previous operator					back	to Shel	Ll Pipe	line.			
II. DESCRIPTION OF WELL	AND LEA	SE				<u> </u>					
Lease Name POPE, T.D.	Well No. Pool Name, Inch. 2 / DENTON D				ding Formation EVONIAN			of Lease , Federal or F	of Lease No. , Federal or Fee NA		
Location Unit Letter — A	. 61	,0	East East		rorth Lin	. 6	60		East	-	
Section 35 Townshi	1/.0			ــ anıne 37E	7		LEA	eet From The		Line	
			Range		, N	МРМ,				County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER	or Condens	L ANI) NATU	Address (Giv	ne address to w	hich approve	d copy of this	form is to be a	rent l	
Shell Pipeline 221/23					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 or Dry Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs			ls gas actuall	y connected?	Whe	1?				
f this production is commingled with that	from any other	26 r lease or po	14S ool, give		ling order numi	ber:		<u> </u>	75		
IV. COMPLETION DATA		loane a		***					··········		
Designate Type of Completion		Oil Well	i	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi.	. Ready to I	Prod.		Total Depth		<u> </u>	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	Pay	·····	Tubing Depth			
Perforations					<u></u>			Depth Casing Shoe			
TUBING, CASING AN					CEMENTIN	D	1				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
								 			
V. TEST DATA AND REQUES OIL WELL (Test must be after re					ha amusi sa sa						
OLL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	i votame of	ioua ou	ana must	Producing Me	exceed top allo thod (Flow, pie	wable for thi mp, gas lift, i	s depth or be j uc.)	for full 24 hou	rs.)	
mostly of Tors											
ength of Test	Tubing Pressure				Casing Pressur	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL					1			<u>. L</u>			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condens	ate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressur	re (Shut-in)		Choke Size			
I. OPERATOR CERTIFICA	ATE OF (COMPI	IANC	TE]	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
I hereby certify that the rules and regula	tions of the Oi	il Conservat	ion	-1-	∥ C	IL CON	SERV	ATION I	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					DEC 1 3 1993						
					Date	Approved	j				
Je Sungar Inev										.1	
Signature JO BUMGARDNER PRODUCTION MGR					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name	317/723-2166 Title				Title_	Title					
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.