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
1000 Rio Brazos Rd., Aztec, NM 87410

17410

I.			R ALLOWA ISPORT OI							
Operator STEPHENS & JOHNSON OPERATING CO.						Well API No. 30-025- 05200				
P. O. BOX 2249, WICH	IITA FAL	LS, TX	76307-224						- , , , , , , , , , , , , , , , , , , ,	
Reason(s) for Filing (Check proper bax) New Well Recompletion Change in Operator	Oil Caninghea	_	ransporter of: ry Gas ondensate		fective	•				
If change of operator give name and address of previous operator S	& J OPE	RATING (COMPANY,	Р О ВОХ	2249, WI	CHITA F	ALLS, TX	76307-	2249	
II. DESCRIPTION OF WELL Lease Name DENTON NORTH	AND LE		-125							
WOLFCAMP UNIT - TRAC	_			of Lease Federal or Fe		Lease No.				
Unit LetterA	ــــ: ــــــــــــــــــــــــــــــــ	,60 Fe	est From The	outh Lin	ne and	(60 F	eet From The	Cai	Line	
Section 35 Townsh	ip 148	R	inge 37E	, N	МРМ,	LEA			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OIL				hick approved	t come of this	form is to be e	ent)	
SHELL PIPELINE	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 J. L. DAVIS GAS COMPANY				Address (Give address to which approved copy of this form is to be s 211 N. COLORADO, MIDLAND, TX 79701					eni)	
If well produces oil or liquids,	Unit Sec. Twp. Rge.									
give location of tanks.	1 1		4S 37E				ay 1, 1970			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or poo	l, give comming	ing order num	ber:			·		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to Pro	od.	Total Depth	-	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>			Depth Casing Shoe						
				CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
										
V. TEST DATA AND REQUES OIL WELL (Test must be after n				be equal to or	exceed top allo	wahle for this	t denth or he t	for full 24 hou		
Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of T	est		Bbis. Conden	sate/MMCF		Gravity of C	ondensate		
Sesting Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPI I	ANCE				<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved						
Signature Surveyander				By Orig. Signed by						
JO BUMGARDNER PRODUCTION MGR				Pagi Kauta						
<u> </u>	817/7	23-216 ^{Tid}	e	Title		Go				
Date		Telephor								

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.