Submit 5 Covies
Appropriate District Office
DISTRICT |
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.	7	TO TRAN	SPORT O	L AND NA	TURAL G	AS					
Operator C. FORMIGON C			Well	API No.							
STEPHENS & JOHNSON OPERATING CO.					30-025				25-05201		
Address P O BOX 2249, WICHIT	TA FALLS,	TX 763	07-2249								
Reason(s) for Filing (Check proper box)				Oth	er (Please expl	in)					
New Well		Change in Tr									
Recompletion	Oil Coringhau		ry Gas 📖		Effective	9/1/9	3				
If change of operator give name	Casinghead		ondensate								
and address of previous operator S	& J OPER	ATING C	OMPANY, P	O BOX 2	249, WICI	LITA FA	LLS, TX 76	307-22	49		
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name DENTON NORTH Well No. Pool Name, Including WOLFCAMP UNIT - TRACT #							of Lease No.		ease No.		
WOLFCAMP UNIT - TRAC	OLFCAMP			Federal of Fee	rederal or ree						
Unit Letter	:19	80Fe	et From The $\frac{\sum}{n}$	enal Lin	e and	60 F	eet From The	Eart	Line		
Section 35 Townsh	ip 14S	Ra	ange 37E	, N	мрм, І	.EA			County		
III. DESIGNATION OF TRAI	NSPORTE	OF OIL	AND NATU								
Name of Authorized Transporter of Oil NA - WATER INJECTION	1 1	or Condensate	·	Address (Giv	e address to wh	ich approved	d copy of this form	is 10 be se	ni)		
Name of Authorized Transporter of Casinghead 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.							en ?				
If this production is commingled with that	from any othe	r lease or poor	l, give comming	ling order numb	per:			·			
IV. COMPLETION DATA		louw n	1 0 11 11	1							
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Piug Back Sai	ne Resiv	Diff Resiv		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		1		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Forma	tion	Top Oil/Gas I	² ay		Tubing Depth				
Perforations				<u> </u>			Depth Casing Shoe				
	77	IDDIC CA	CINC AND	CTCA CENTER	IC DECOR						
HOLE SIZE	TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE				DEPTH SET	<u> </u>	546	VC CELIE			
TIOLE OILE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUE	ST FOR AL	LOWADI			······································						
OIL WELL (Test must be after t				he equal to or	exceed ton allo	unhla for thi	e denth or he for f	1.01.24 horm	·•)		
Date First New Oil Run To Tank	Date of Test	a volume of to	da ou ana musi		thod (Flow, pur			24 NOW	3.)		
Length of Test	Tubing Press	ans.		Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	est .		Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Press	ture (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC					OII CON	SERV	ים אסוד	VISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION							
is true and complete to the best of my	knowledge and	belief.		Date	Approved	l	2 2 19 93				
Clark Com	Liena.				•	rig. Sign	ned by				
Signature JO BUMGARDNER PRODUCTION MGR				Paul Kauts							
Printed Name Title 817/723-2166				Title		Geolog					
Date	817										
Date		Telephon	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.