Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Anesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	O TRAN	SPORT OIL	L AND NA	TURAL GA	45				
Operator	Well API No.									
STEPHENS & JOHNSON	OPERATING	G CO.				30	-025- <i>O</i> \$	5202		
Address P. O. BOX 2249, WI	CHITA FAL	LS, TX 7	76307-2249	9						
Reason(s) for Filing (Check proper bo					ner (Please expla	iin)				
New Well		Change in Tra	. —							
Recompletion	Oil Cosinabaa	_	ry Gas \square	Ef	fective 9)/1/93				
Change in Operator XX	Casinghead		onden mate	 						
address of previous operator	S & J OPEI	RATING C	COMPANY, I	P O BOX	2249, WIC	HITA F	ALLS, TX	<u> 76307-2</u>	2249	
I. DESCRIPTION OF WEL	L AND LEA									
ease Name DENTON NORTH Well No. Pool Name, Includi				_			of Lease Federal or Fee	_		
WOLFCAMP UNIT - TR.	ACT # 7		DENTON WO	DLFCAMP		3440,	reastal of ree	/		
Unit Letter	<u> </u>	60 Fe	et From The	grith Li	se and	<u>60</u> F	eet From The _	لمعان	Line	
Section 35 Town	nahip 14S	Re	inge 37E	, N	мрм,	LEA			County	
II. DESIGNATION OF TR	ANSPORTEI	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oi		or Condensate			ve address to wh	ich approved	copy of this fo	rm is to be so	eni)	
SHELL PIPELINE	P. O. BOX 2648, HOUSTON, TX 77252									
Name of Authorized Transporter of Ca	Address (Give address to which approved copy of this form is to be sent)									
J. L. DAVIS GAS COMPANY [well produces oil or liquids, Unit Sec. Twp. Rge.				211 N. COLORADO, MIDLAND, TX 79701 Is gas actually connected? When?						
ive location of tanks.	J	26 1	.4S 37E	1	es	j Ma	ay 1, 197	70		
this production is commingled with to V. COMPLETION DATA	nat from any othe	r lease or poo	i, give comming	ing order nur	ber:					
Designate Type of Completic		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay	Tubing Depti	Tubing Depth			
Perforations					· · · · · · · · · · · · · · · · · · ·			Depth Casing Shoe		
	CEMENTING RECORD			i						
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
. TEST DATA AND REQU										
OIL WELL (Test must be after Date First New Oil Run To Tank			oad oil and must		exceed top allo ethod (Flow, pu			or full 24 hou	<u>rs.)</u>	
ALE FIRE NEW OIL RUIL TO TALK	Date of Test	٠		Fromula W	eurou (Fiow, più	mφ, gus 191, i	····			
ength of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL						-				
Actual Prod. Test - MCF/D	Length of T	esi		Bbls. Conder	sate/MMCF		Gravity of Co	ondensate		
sting Method (puot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
esting Method (pitot, back pr.)	Tuoing Fres	mile (20m-m)		Casing Press	ure (Struc-111)		CHOILE SIZE			
I. OPERATOR CERTIF	ICATE OF	COMPLI	ANCE			 	<u>'</u>			
I hereby certify that the rules and re					OIL CON	_		DIVISIC	N	
Division have been complied with a	and that the inform	mation given a				OCT 2	2 1993			
is true and complete to the best of r		a Denel.		Date	Approved					
A Bungar	ner									
Signature				By Orig. Signed by						
JO BUMGARDNER PRODUCTION MGR Printed Name Title				Paul Kautz						
Printed Name 29	817/7	23-2166	ue.	Title		(760				
Date		Telepho	ne 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.