

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	STEPHENS & JOHNSON OPERATING CO.	Well API No.	30-025- 05210
Address P. O. BOX 2249, WICHITA FALLS, TX 76307-2249			
Reason(s) for Filing (Check proper box)			
New Well	<input type="checkbox"/>	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		S & J OPERATING COMPANY, P O BOX 2249, WICHITA FALLS, TX 76307-2249	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	DENTON NORTH	Well No.	2	Pool Name, Including Formation	DENTON WOLF CAMP	Kind of Lease	State, Federal or Fee	Lease No.
WOLF CAMP UNIT - TRACT # 7								
Location								
Unit Letter	N	Feet From The	660	Line and	1450	Feet From The	West	Line
Section	36	Township	14S	Range	37E	NMPM	LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
SHELL PIPELINE		P. O. BOX 2648, HOUSTON, TX 77252				
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
J. L. DAVIS GAS COMPANY		211 N. COLORADO, MIDLAND, TX 79701				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	J	26	14S	37E	yes	May 1, 1970

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	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 Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puce, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

*JO Bumgardner*

Signature  
JO BUMGARDNER PRODUCTION MGR

Printed Name  
Date 10-5-1993 817/723-2166 Title

Date  
Telephone No.

OIL CONSERVATION DIVISION

OCT 22 1993

Date Approved

By

Signed by  
Paul Kauts  
Geologist

Title

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.