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Aptropriate 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, Artesia, NM 88210

DISTRICT III

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.						AUTHOR ATURAL G					
Operator STEPHENS & JOHNSON OPERATING CO.							Well API No. 30-025- 052/2				
Address P. O. BOX 2249, WICH	ITA FALI	LS, TX	7630	7-2249	)						
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of: Recompletion  Oil  Dry Gas  Effective 9/1/93  Change in Operator XXI  Casinghead Gas  Condensate											
and address of previous operatorS & J OPERATING COMPANY, P O BOX 2249, WICHITA FALLS, TX 76307-2249											
II. DESCRIPTION OF WELL AND LEASE  Lease Name DENTON NORTH  WOLFCAMP UNIT - TRACT # 7 H DENTON WO					Contra			of Lease Federal or Fe	of Lease No. Federal on Fee		
Unit Letter : 1815 Feet From The fauth Line and 330 Feet From The Line											
Section 3 6 Township 14S Range 37E NMPM, LEA County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate 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					Address (Give address to which approved copy of this form is to be sent)  211 N. COLORADO, MIDLAND, TX 79701					;nı)	
If well produces oil or liquids, give location of tanks.	, ,		wр.   148	Rge. 37E	_	ly connected? es	When	·? ay 1, 19	70		
If this production is commingled with that fi IV. COMPLETION DATA			ol, give o	commingli	ng order num	iber:					
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 Pr	rod.		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			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD  DEPTH SET				SACKS CEMENT		
THOSE O'CL	OAGING & TOBING SIZE				DEFIN SEI			SACKS CEMENT			
	<del>-,</del>						<del></del>				
V. TEST DATA AND REQUEST	T FOR AL	LOWAB	LE					<u> </u>			
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 (puot, 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.				OIL CONSERVATION DIVISION  OCT 2 2 1993  Date Approved							
Summardulu Summardulu					By Orig. Signed by Paul Kautz						
Printed Name PRODUCTION MGR 817/723-2166					Title		Ge	ologist			
Date Telephone 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.