Submit 5 Copies
Appropriate District Office
DISTRICT 1"
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico .rgy, Minerals and Natural Resources Departn ....

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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSPOR	RT O	L AND NA	TURAL C	AS	•			
Operator STEPHENS & JOHNSON			Wel	1 API No. ·025- 06722							
Address			76207			<del></del>	30-	025- 0	6722		
P. O. BOX 2249, WIC	HIIA FAL	LS, TX	/630/-	-224				·			
New Well	,	Change in	Transporter	of:		her (Please exp	•				
Recompletion	Oil		Dry Gas	<u>"</u> []	Ef	fective	9/1/93				
Change in Operator	Casinghea	d Gas 🔲	Condensate								
If change of operator give name and address of previous operator S &	S J OPER	ATING	COMPANY	, P	O. BOX	2249, W	ICHITA	FALLS.	rx 76307	-2249	
II. DESCRIPTION OF WELI							·				
Lease Name	Name Well No. Pool Name, Inch						Kizac	d of Lease No.			
WEATHERLY Location	4   Bi				linebry su			, Federal or F	1	A	
Unit Letter B	عاما: _	)	Feet From T	ne 1	orth Lin	e and 1330	198D	eet From The	East	Line	
Section 21 Towns	nip 219	<u> </u>	Range	37E	, N	МРМ,	LEA			County	
III. DESIGNATION OF TRAI	NSPORTE	R OF OI	L AND N	ATI	RAL GAS						
Name of Authorized Transporter of Oil	Гж	or Conden	tale	i AIU	Address (Giv	e address to wi	hich approve	copy of this	form is to be a		
TEXAS-NEW MEXICO PIP	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2528, HOBBS, NM 88240										
Name of Authorized Transporter of Casinghead Gas							to which approved copy of this form is to be sent)				
TRXACO EXPLORATION &	P. O. BOX 3000,						TULSA	ULSA, OK 74102			
give location of tanks.	Unit	Sec.   21	Twp.   21S  3	Rge. 37E	1 -	y connected?	Wher	1 ?		,	
If this production is commingled with that	from any othe		ool, give con	nmitel	yes	er:			<del></del>		
IV. COMPLETION DATA						~···			······································		
Designate Type of Completion	- (X)	Oil Well	Gas W	/ell	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.	<u>.                                    </u>	_1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	g Shoe		
	π	JBING, C	CASING A	ND)	CEMENTIN	G RECORI	<u></u>	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
·		* · · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·						
	<del> </del>		·				<del></del> -				
	<del> </del> -				······································				<del></del>		
V. TEST DATA AND REQUES								<u></u>			
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total	l volume of	load oil and	must b	e equal to or e	xceed top allow	vable for this	depth or be fo	or full 24 hour	·s.)	
Date First New Oil Ruit 10 Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Pressure	:	<del></del> -	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL									<del>_</del>		
Actual Prod. Test - MCF/D	Length of Tea	nt .	<del></del>		Bbis. Condensa	· AAICE		0			
					DOIS. CONGENIA	WMINIC F		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF C	'OMPI I	ANCE	ir	· · · · · · · · · · · · · · · · · · ·		<u>-</u> <u>-</u>		·		
I hereby certify that the rules and regular	tions of the Oil	Conservati	OR.		O	IL CONS	SERVA	TION D	IVISIO	N	
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 0CT 2 2 1993						
Do Suman Ine		ener.			Date A	Approved	00	1 22 1	333		
Signature					Ву		Orig. Sig	ned by			
JO BUMGARDNER PRODUCTION MGR.  Printed Name Title				-	Geologist .						
Date 1993	817/7	23-216 Telepho	6	-	Title		<u> </u>				

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.

ON