State of New Mexico

Form C-104

Revised February 10, 1994

Instructions on back

Energy, Minerals & Natural Resources Department

PO Drawer DD, Artesia, NM 88211-0719

PO Box 1980, Hobbs, NM 88241-1980

OIL CONSERVATION DIVISION PO Box 2088

Submit to Appropriate District Office

District III

Deep 2008, Seate Fe, NM 87504-2008 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator Name and Address Devon Energy Operating Corporation (DEOC) 20 N. Broadway, Suite 1500 Oklahoma City, Oklahoma 73102 ATN Number Oklahoma City, Oklahoma 73102 Food Name Oklahoma City, Oklahoma 73102 Oklahoma City, Oklahoma 73102 Food Name Oklahoma City, Oklahoma 73102 Oklahom	1000 Rio Bra	704 Rd., A	ztec. NM 87	410		Santa Fe,	NM 8750	, 14-2.089	R NOVO7	'.'94	30		
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Reason for Filing Code Change of Operator	•												
Change of Operator Pool Code Pool Name Pool Code 28509					on (DEOC	•)							
South School Section		-								-			
Property Code CO294266 For County Property Name Prop					. 0						Pool Code		
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Test Method Treby certify that the rules of the Oil Conservation division have been complied and that the information given above is true and complete to the best of my wiedge and belief. Approved by: SUPERVISOR, DISTRICT II Title: Operations Manager Phone: (405) 552-4530	Date New Oil Gas Delivery I		ery Date "Test Date		" Test Length "		Tbg. Pressure Csg. Pressure						
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ted Name: J. M. Duckworth Title: Operations Manager Phone: (405) 552-4530 Approval Date: NOV 0.8 1994	_	elief.				11							
Operations Manager		IMI	Duckeyo + h	(Carried	19438			SUF	PERVISOR, D	DISTRICT II			
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The second state of the second state of the previous prev	If this is a cha	inge of ope	rator fill in th	OGRID n			IS Operator						

Operations Manager

Date 10/27/94

Previous Operator Signature

J. M. Duckworth

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

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

State of New Mexico gy, Minerals and Natural Resources Departne 3

RECEIVED Form C-104
Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	0 BEOLIECE	ŕ	DI 5 AND ALTHO	D17471011	ن. د. D .			
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Operator Socorro Petr		TO SECURE A SECURE AND AN AREA OF A SECURE ASSESSMENT AS A SECURE AS A SECURIT AS A SECURE AS A SECURIT AS A SECURE AS A SECURIT AS A S		Well	API No. 0-0150	1160/) }	
Address					0 0130	01726		
P.O. Box 38, Reason(s) for Filing (Check proper box	Loco Hill	s, NM 8825		- 			· · · · · · · · · · · · · · · · · · ·	
New Well	•	ge in Transporter of:	Other (Please ex	xplain)				
Recompletion	Oil	Dry Gas	Change in	Operato	r Name			
Change in Operator X	Casinghead Gas	Condensate	Effective	January	1, 1990	1		
If change of operator give name and address of previous operator	Hondo Oil	& Gas Compa	ny, P.O. Box	2208, R	oswell,	NM 882	202	
II. DESCRIPTION OF WELL Lease Name		generges on consensual conse						
H.E. West "B"	Well 22Y	No. Pool Name, Include Grayburg	ling Formation Jackson QGSA		of Lease N Federal or Fee LC029420			
Location Unit LetterO	: 660	Feet From The	South Line and	1990	not Emun The	East		
i e			, NMPM,				Line	
III. DESIGNATION OF TRA	ANSPORTER OF						county	
Name of Authorized Transporter of Oil NONE WIW	or Co	ondensate	Address (Give achtress to	which approved	copy of this form	is to be sent)	· · · · · · · · · · · · · · · · · · ·	
Name of Authorized Transporter of Ca	isinghead Gas	or Dry Gas []	Address (Give address to	which annual				
NONE If well produces oil or liquids,	111-2-16					us to be sent)		
give location of tanks,	Unit Sec.		Is gas actually connected	7 When	7			
If this production is commingled with the IV. COMPLETION DATA	hat from any other leas	e or pool, give comming	gling order number:					
Designate Type of Completion	on - (X)	Well Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Di	If Res'v	
Date Spudded	Date Compl. Rea	dy to Prod.	Total Depth			<u>i</u> _		
Llevations (DF, RKB, RT, GR, etc.)	Name of Producir	ag Formation	Top Oil/Gas Pay		-			
Perforations					Tubing Depth			
					Depth Casing S	hoe		
	TUBII	NG, CASING AND	CEMENTING RECO	ORD	<u>-!</u>			
HOLE SIZE	CASING	& TUBING SIZE	DEPTH SI	ET	SAC	CKS CEMENT		
					Part	+ ID-	3	
					. 2	-9.50		
V Tree harman and his						of of		
V. TEST DATA AND REQU OIL WELL — (Test must be after				The second second is resident to the second	· · · · · · · · · · · · · · · · · · ·			
Date First New Oil Run To Tank	Date of Test	whe of load oil and mus	t be equal to or exceed top of Producing Method (Flow,	allowable for thi , pump, gas lyt, e	s depth or be for . etc.)	full 24 hows.)		
Length of Test	Tubing Pressure		Casing Pressure	···	Choke Size	- 1121 W		
Actual Prod. During Test								
result from During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF			
GAS WELL						· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCI	· · · · · · · · · · · · · · · · · · ·	Gravity of Con	densale		
l'esting Method (pitot, back pr.)	Tubing Pressure	(Shui-in)	Casing Pressure (Shut-in)	j	Choke Size		<u> </u>	
VI. OPERATOR CERTIF	ICATE OF CO	MPLIANCE	-\[1		·	
I hereby certify that the rules and re	gulations of the Oil Co	onscryation	OIL CC	DNSERV	ATION D	IVISION	 	
Division have been complied with a	and that the information	n piven alvove	FEB - 9 1990					
is true and complete to the best of n	ny knowledge and beli	cf.	Date Approv	ved F	FR - 2 18	₩		
B DE	20 10							
Signature	ancex_		ByGRIG	INAL SIGNI	FD RV			
Ben D. Gould		Manager	MIKE WILLIAMS					
Printed Name 1/8/90		Title 577-2360	Title SUPERVISOR, DISTRICT IT					
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
- 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 recol in multiply completed wells