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 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

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., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Operator Devon Energy Corporation (Nevada) ✓		Well API No. 3001505694
Address 1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) Change in Operator Name Effective July 1, 1992		
If change of operator give name and address of previous operator Hondo Oil & Gas Co., P. O. Box 2208, Roswell, NM 88202		

II. DESCRIPTION OF WELL AND LEASE		*Unitization Number: 14-08-001-11572	
Lease Name East Shugart Unit	Well No. 12	Pool Name, including Formation Shugart Yates, 7R, On., Grbg	Kind of Lease State, Federal or Fee *
Location Unit Letter <u>E</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil Texas-New Mexico Pipeline Co.	<input checked="" type="checkbox"/> Oil or <input type="checkbox"/> Condensate	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 Phillips Petroleum Co.	<input checked="" type="checkbox"/> or <input type="checkbox"/> Dry Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 35	Twp. 18S
		Rge. 31E	Is gas actually connected? Yes
			When? 11/2/59

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 <u>posted 30-3 7-17-92</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF <u>orig op</u>

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.	
Signature <u>J. M. Duckworth</u>	Operations Manager
Printed Name <u>J. M. Duckworth</u>	Title
Date <u>6/30/92</u>	405/235-3611 Telephone No.

OIL CONSERVATION DIVISION	
Date Approved	<u>JUL 10 1992</u>
By	<u>ORIGINAL SIGNED BY</u>
	<u>MIKE WILLIAMS</u>
Title	<u>SUPERVISOR, DISTRICT II</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.