Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALL OWABLE AND AUTHORIZATION

c/6 ^r /	/
Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
8 1. 1 24 .32	
out of participants of the state of the stat	
001505701	
ne Effective	
08-001-11572 Lease No.	
or Fee *NM-10190	
The East Line	
(this form is to be sent)	
88240 (this form is to be sent)	
79762	
1/17/89	
Back Same Res'v Diff Res'v	
.D.	
g Depth	
Casing Shoe	

I.	T	O TRAN				TURAL G			en opposite Otoerous taras, o		
Operator							Well API No.				
Devon Energy Corporati	ion (Nevada)							3001505701			
Address											
1500 Mid-America Tower Reason(s) for Filing (Check proper box)	c, 20 N.	Broady	way, Okl	Lahon							
New Well	·	Changa in T				ner (Please exp					
Recompletion	Change in Transporter of: Change in Operator Name Effective Oil Dry Gas Tuly 1 1992										
Change in Operator	Casinghead	Gas C	Condensate	7		uly 1, 1					
If change of operator give name and address of previous operator Hondo	0 1 1 c	Can Co	D 0		- 2200	D 3	1 2214 6	20000			
and address of previous operator another	OLL A	Gas CO.	., P. U.	<u> </u>	2208	, Roswel	1, NM 8	38202			
II. DESCRIPTION OF WELL.					*Uniti	zation N	Number:	14-08-0	01-1157	2	
Lease Name	Ten 110. I tool frame, including for					C			of Lease Lease No. Federal or Fee + 103.00		
East Shugart Unit	1	10	Shugart	Yat	es. 7R	on., o	rbg.		*NM-	10190	
Unit Letter F	. 2	310 г	at E m	Nο	rth		2310 -	eet From The	Took		
	- · 	<u></u> 1	eet riom ine		± 211 - LI	be and	1310 F	eet From The	East	Line	
Section 35 Township	18	S R	ange	31E	, N	МРМ,	Eddy			County	
								······			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OIL	AND NA								
-	LA.	or Condensat	le	1				d copy of this f		ent)	
Texas-New Mexico Pipe Name of Authorized Transporter of Casing	line Co		- D-: C- C-					NM 88			
Phillips Petroleum Co		X 0	r 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,		Sec. T	wp. I			enbrook . ly connected?			762		
give location of tanks.	L	:	18s 31	- 1	Yes	ij comaca:	1 ********	11/17	/89	į	
If this production is commingled with that f	rom any othe	r lease or po-	ol, give comm	ningling	order num	iber:					
IV. COMPLETION DATA											
Designate Type of Completion -	- (X)	Oil Well	Gas Wel	11]	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		. Ready to P			otal Depth	1		D.D.T.D.	L		
•	Date Compl. Ready to 170d.							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	nation	To	op Oil/Gas	Pay		Tubing Dept	h		
Perforations								Depth Casin	g Shoe		
											
1101 F 0175	TUBING, CASING AND			ND CI					T		
HOLE SIZE	ING & TUB	G & TUBING SIZE			DEPTH SET			SACKS CEMENT			
								-			
					·			-			
			···•								
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re	Date of Test		load oil and i						for full 24 hoi	urs.)	
Date First New Oil Run To Tank	Pr	Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Does	m.			asing Press	1170	***	Choka Siza	poste	1 <u>TD-3</u>	
2.00	of Test Tubing Pressure				asing rices	ure		Choke Size	7-6	24-92	
Actual Prod. During Test Oil - Bbls.		S			Water - Bbls.			Gas- MCF	Cha	OF	
									409	-7	
GAS WELL				·\ .`-							
Actual Prod. Test - MCF/D	Length of T	cst		TB	bls. Conde	nsate/MMCF		Gravity of C	Condensate		
					55466				- UNIVOLIDATE		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			 c	Casing Pressure (Shut-in)			Choke Size			
	<u> </u>				<u>.</u>						
VI. OPERATOR CERTIFIC.	ATE OF	COMPL	JANCE			O.U. O.O.					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					٠,١	OIL CO	NSERV	ATION	DIVISIO	NC	
										•	
is true and complete to the best of my knowledge and belief.					Date	e Approve	ed	JUL -	9 1992		
All Inhornt						• •					
Signature Signature					By_			SIGNED B	Υ		
J. W. Duckworth Operations Manager					MIKE WILLIAMS SUPERVISOR, DISTRICT IT						
Printed Name (20/9)	405	т 235-36/	Title		Title	, <u>S</u>	UPERVISO	אל אנא, אנ	ICI II		
Date			none 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.