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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		S	anta F	e, New	Me	xico 875	04-2088		** **	0		
I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
Operator	/						JUHAL G		O. C. D.			
Devon Energy Corporation (Nevada)						3001520254						
1500 Mid-America Towe	r, 20 1	N. Broa	idway	, Okl	ahc	oma Cit	y, OK 73	1102				
Reason(s) for Filing (Check proper box) New Well						On	ner (Please explo	ain)				
Recompletion	Change in Transporter of: Oil Dry Gas Transporter of: Change in Operator N									Effectiv	7e	
Change in Operator X If change of operator give name	Casinghe	ad Gas	Conde]	Jı	ıly 1, 19	92				
and address of previous operator Hondo			٥.,	P. O.	Вс	x 2208	, Roswell	, NM 8	38202			
II. DESCRIPTION OF WELL Lease Name	AND LE		· 1	·		*U	nitizatio	on Numb	er: 14-	-08-001-	11572	
Well No. Pool Name, Includ						ling Formation Kind of Lease Lease No.						
Location		132	<u>ı snu</u>	<u>igart</u>	Yat	tes, 7R	On., Gr	bg. State	receiving re	<u> </u>	*	
Unit Letter M	_ :1	00	Feet F	rom The	Sc	outh Lin	e and	90 F	ect From The	West	Line	
Section 35 Township	18:	S	Range	3	1E	, N	мрм,	Edd	7		County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	II. AN	JD NAT	THD	AT CAS						
or Condensate or Condensate						Address (Give address to which approved copy of this form is to be sent)						
NONE - WIW Name of Authorized Transporter of Casinghead Gas or Dry Gas												
NONE	лега Сая	لـــا	or Dry	Gas] [Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	ent)	
If well produces oil or liquids, give location of tanks.	Unit	Who						When	n 7			
f this production is commingled with that f IV. COMPLETION DATA	rom any oth	er lease or	pool, giv	ve commir	ngling	g order numb	er.					
Designate Type of Completion -	· (X)	Oil Well	10	Gas Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ol. Ready to	Prod.		- - T	l'otal Depth			P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Many of Park in the											
Name of Producing Formation					1	Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
		TIDDIO	<u> </u>									
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				D C)				
	OXSING & TODING SIZE						DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUES	FOR A	LLOWA	BLE						l			
OIL WELL (Test must be after red) Date First New Oil Run To Tank	covery of to	tal volume o	of load o	oil and mu	us be	equal to or	exceed top allow	vable for this	depih or be fo	or full 24 hour	·z.)	
Date That New Oil Rull 10 Tank	Date of Tes	A			Pı	roducing Me	thod (Flow, рип	ıp, gas lift, e	(c.)	~ <i>L</i>		
length of Test	Tubing Pressure				c	asing Pressu	re		Choke Size Posted ID-3			
tual Prod. During Test Oil - Rhis									1-17-72			
	Oil - Bbls.				W	Valer - Bbls.	•		Gas- MCF	ing c	P	
GAS WELL					_1.:							
Actual Prod. Test - MCF/D	Length of Test				В	bls. Condens	ate/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)						
(paor, back proy	Tuoing Ties	serie (Silm-	ш)			asing Pressui	re (Shut-in)		Choke Size			
I. OPERATOR CERTIFICATION I hereby certify that the rules and regulate Division have been complied with and the is true and complete to the best of my kn	ions of the (Oil Conserv	ation				PIL CONS				N	
Signature						Ву	~~~ <u>^</u> ~~.~.	•				
J. M. Duckworth Operations Manager						MIKE WILLIAMS						
Title 405/235-3611						Title SUPERVISOR, DISTRICT IT						

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.

Telephone No.

- 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.