Submit 5 Copies
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

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

I.

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.			ISPORT OII								
Operator	I Well API No.										
	Devon Energy Corporation (Nevada)					3004525339					
Address 1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102											
Reason(s) for Filing (Check proper box) New Well				Oth	er (Please exp	lain)		***************************************			
Recompletion	Oil	~	ransporter of:	Ch	ange in	Operato	or Name E	ffectiv	e		
Change in Operator	Casinghead	_	Ory Gas		ly 1, 19			Z I C C C I V	C		
If change of operator give name							177 0000				
Hondo Oil & Gas Co., P. O. Box 2208, Roswell, NM 88202											
II. DESCRIPTION OF WELL											
Lease Name Atlantic "C"	Well No. Pool Name, Included 101 Callowa				ing Formation Kind y Gallup State,				ease No. 607		
Location Unit Letter A : 790 Feet From The North Line and 1120 Feet From The East Line											
Section 6 Townshi	p 30N		tange 101	T7 .	мрм,		San Jua	n	County		
III. DESIGNATION OF TRAN	SPORTER		A NID NIA TEL	DAT CAC							
Name of Authorized Transporter of Oil	UNIE!	or Condensat	i e	Address (Giv.	e address to w	hich approve	d come of this fo				
Meridian Oil, Inc. P. O. Box 4289, Farmington, NM 87499-4289											
Name of Authorized Transporter of Casing	Address (Give	e address to w	hich approve	d copy of this fo	rm is to be se						
El Paso Natura If well produces oil or liquids,	P. O.	<u>, El Pa</u>	so, TX	79978							
give location of tanks.	Unit		wp. Rge. 30N 10W	le gas actually	y connected? Yes	When	1 ?		•		
If this production is commingled with that	from any othe										
IV. COMPLETION DATA								·			
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'y		
Date Spudded		Ready to Pr	<u>l</u>	Total Depth		<u> </u>	<u> </u>		1		
•	Date Compi	Date Compl. Ready to Prod.			Tom Sepa.			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation				Pay		Tubing Depth				
Perforations					Depth Casing Shoe						
	CEMENTIN	NG RECOR	D	·							
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT				
							 				
							-				
V. TEST DATA AND REQUES	T FOR AI	LOWAB	LE			···	<u> </u>				
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	d volume of	load oil and must	be equal to or	exceed top allo	wable for t	prof or Mo	Mul 4 Mar.	TT		
Date Pink New Oil Run 10 lank	Producing Method (Flow, pump, gas lift)										
Length of Test	Tubing Press	ine.		Casing Pressur	79	l	hoke-Sign	2 4000			
**				Caroling 1 (cond)			SII JUL (thoke Sife 02 1992			
tual Prod. During Test Oil - Bbls.				Water - Bbls.			BILICON. DIV.				
					·		U.	ST. 3			
GAS WELL							, 0				
Actual Prod. Test - MCF/D	Length of Te	st		Bbls. Condensate/MMCF			Gravity of Co	Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Oska Slas				
erang aranga (pranj andar praj	140106 11000	are (orial-m)		Casing Pressur	re (Snut-IB)		Choke Size				
VI. OPERATOR CERTIFICA	ATE OF (OMPI I	ANCE		*		<u> </u>				
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION							
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 JUL 0 2 1992						
MI Vink um D											
Signature J. M. Duckworth Operations Manager				By Original Signed by CHARLES GHOLSON							
Printed Name / Title				Title DEPUTY OIL & GAS INSPECTOR, DIST. #7							
6/30/92	405/2	35-3611		Title_	UEPUIT	INC IS UPO	HEN CC I LAN				
Date		Telepho	se 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.

DGRID = 90543 PROPERTY = 12 POOL = 5

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