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 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I. Operator | 7 | TO TRA | ANSPO | RT OIL | AND NA | TURALG | AS | | | | | |
|--|--------------------------|-----------------------------|---------------------|---------------|-------------------------------------|---|--|-------------------|---------------------------------------|------------|------------------------|----------|
| • | -1407 | | | | | | | API No. | | | | |
| Devon Energy Corporation (Nevada) Address | | | | | | | | 3002521265 | | | | |
| 1500 Mid-America Towe | r, 20 N | . Broa | dwav. | Oklah | oma Cit | v OV 7: | 2102 | | | | | |
| Meason(s) for Films (Check proper box) | | | | 0712011 | | ner (Please expl | | | | | | |
| New Well | | Change in | Transporte | er of: | Ch | nange in | Operato | r Namo F | ffootin | | | |
| Recompletion Change in Operator | Oil Casinghead | | Dry Gas Condensa | — | | ly 1, 19 | | r nume E | TIECCIV | е | | |
| If change of operator give name | | | | | | | | | | | | |
| and address of previous operator Hond | | | O., P. | О. В | ox 2208 | , Roswell | 1, NM 8 | 88202 | ····· | <u>-</u> | | |
| II. DESCRIPTION OF WELL Lease Name | | SE Well No. | 1- | | | | | | | | | |
| Mescalero Ridge Unit | | ing Formation Ven Rivers | | | of Lease No. Federal or Fee | | | | | | | |
| Location | | | | | | en kivers | | | NM746 | 55B | | |
| Unit Letter P | _ : | 990 | Feet From | n The | South Lir | e and66 | 50 E | eet Emm The | ī | East Line | | |
| Section 35 Townshi | p 19s | | Range | 34E | | мрм, | ·· | Lea | | | | |
| III DESIGNATION OF TRAN | lan o nama | | | | | | | | · · · · · · · · · · · · · · · · · · · | County | | |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | SPORTE | or Conden | IL AND | NATU. | RAL GAS | | | | | · | | |
| Koch Oil Co. | X | | | | 1 | ve address to wi | | | | - | | |
| Name of Authorized Transporter of Casinghead Gas | | | | | | P. O. Box 1558, Breckenridge, TX 76024 Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Phillips 66 Natural (If well produces oil or liquids, | Gas GPM Gas Corporation | | | 4001 I | Penbrook, | Odessa | TX 79762 | | | | | |
| give location of tanks. | Omt Sec. Twp. Rge. | | | Rge. 34E | Is gas actually connected? When Yes | | | 7 | | | | |
| If this production is commingled with that i | from any othe | | pool, give o | comminel | ng order num | ber: | | | | | | |
| 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 | l | l | P.B.T.D. | | | | |
| Florida (DF DVD DT CO | | | | | | | | 1.5.1.0. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| Perforations | | | | | | | | Depth Casing Shoe | | | | |
| | | | | | | | | Deput Casing | Shoc | | | |
| TUBING, CASING AND | | | | | | NG RECOR | D | 1 | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| V TEST DATA AND DECLIES | T FOR A | | | | | | | | | | | |
| V. TEST DATA AND REQUES OIL WELL Test must be after re | | | | | L | 1. 0 | | | | | | |
| District of food of and miss | | | | | | be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| | | | | | | | , and the same same same same same same same sam | | | | | |
| Leagth of Test | Tubing Pressure | | | | Casing Pressu | ire | | Choke Size | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bbls. | | | Gas- MCF | | | | | |
| | Jon. 2013. | | | | | | OND - 117C1. | | | | | |
| GAS WELL | | | | L | | | | 1 | | | | |
| Actual Prod. Test - MCF/D | Length of Te | st | | | Bbls. Conden | sate/MMCF | | Gravity of Co | ondensate | | | |
| Tubing Pressure (Shut-in) | | | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| | | | | | | | | | | | VI. OPERATOR CERTIFICA | ATE OF (|
| 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. | | | | | JUL 08'92 | | | | | | | |
| (M)) Movietage and Defiet. | | | | | Date Approved | | | | | | | |
| All Vindpond | | | | | a ho | | | | | | | |
| Signature/ J. M. Duckworth Operations Manager | | | | | By | | | | | | | |
| Printed Name 1/20/90 | Printed Name Color Title | | | | | Title Geologist | | | | | | |
| <i>U/30/7/2</i> Date | 405/23 | | |] | i ille. | | | | ·· <u>····</u> | | | |
| • | | reteb | phone No. | 1 | [| | | | | | | |

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.