

OIL CONSERVATION DIVISION

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

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

I.

Operator Devon Energy Corporation (Nevada)	Well API No. 30-025-21623
Address 20 North Broadway Suite 1500 Oklahoma City, OK 73102	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Re-entry of P&A'd well	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea 946 State	Well No. 1	Pool Name, Including Formation Buckeye Abo	Kind of Lease State, Federal or Tax	Lease No. K-3851
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u> Line Section <u>2</u> Township <u>18S</u> Range <u>35E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2556 Wichita, KS 67201	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Gas Purchasing Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>2</u> Twp. <u>18S</u> Rge. <u>35E</u>	Is gas actually connected? <u>yes</u> When? <u>11-13-92</u>

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-2-92	Date Compl. Ready to Prod. 11-13-92	Total Depth 8995'	P.B.T.D. 8959'					
Elevations (DF, RKB, RT, GR, etc.) 3902' G. R.	Name of Producing Formation Abo	Top Oil/Gas Pay Abo	Tubing Depth 8658'					
Perforations 8887', 8894', 8898', 8901', 8916', 8921', 8924', 8926' 8928'			Depth Casing Shoe 8995'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	369'	380 sks					
11"	8 5/8"	3592'	2450 sks					
7 7/8"	4 1/2"	8995'	970 sks					
	2 3/8"	8658'						

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 11-13-92	Date of Test 12-2-92	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure NA	Casing Pressure NA	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 2	Water - Bbls. 250	Gas - MCF 6

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.

Debby O'Donnell
Signature
Debby O'Donnell Engineering Technician
Printed Name Title
12-14-92 (405) 235-3611
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 22 '92
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
Title

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.