JUN 20 '88

RECEIVED

Separate Forms C-104 must be filled for each pool in multiply completed wells.

O. C. D. ARTESIA, OFFICE

Form C-104 Revised 10-01-78 Format 68-01-83

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA PE		$\square Y$	
PILE		V	
4.5.0.A.			/
LAND OFFICE			_
TRAMPORTOR	*	7	
V	-	∇	_
OPERATOR		V	
PROPATION OFFICE			

OIL CONSERVATION DIVISIONJUN 07 '88

SANTA FE, NEW MEXICO 87501 Q. C. D. ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•								
Operator	/							
Devon Energy Corporation	√ .							
Address			2 - 2	Oit. OF 721	no.	ŀ		
1500 Mid-America Tower, 2	O N. Bro	oadway, Ok	lahoma					
Rooson(s) for filing (Check proper box)				Other (Please	espiein)			
Mow Well		Transpersor of:	—	·				
Recompletion	⊢ 001			y Ges				
X Change in Ownership	Cooks	ghood Ges	<u> </u>	densete		79701		
f change of ownership give name T		r Arican Oil	Corre	oration. 300 We	st Wall, Suite 400,			
ad address of provious owner	exas Am	erican Ori	COLD	JIACION, JOO NO				
I. DESCRIPTION OF WELL AND I	EASE Well No. I	Pool Name, Inc.	luding Fo	rmetion	Kind of Lease	Lease No.		
Randel State	4	Graybu	rg Jac	kson5l-Q-G-SA	State, Federal or Fee Stat	te B-2130		
Location		North	h	660	Fact From The WeSt	-		
Unit Letter D : 660	Feet Free	n The North	Line	and	_ Feet From TheWeSt			
16	170	9-	inge	30E , NMPM	. Eddv	County		
Line of Section 16 Towns	hip17S			JOH	·			
III. DESIGNATION OF TRANSPO	RTER OF (OIL AND NA	TURAL	GAS				
Name of Authorized Transporter of Oil V	or C	endensete 🔲		Address (Give address	to which approved copy of this fo	rm is to be sent/		
Texas-New Mecixo Pipeline		У		P. O. Box 1510	Midland, Texas 7	9701		
Name of Authorized Transporter of Casing	head Gas X	er Dry Gas		Address (Give address	so which approved copy of this fa	PM 12 10 06 2541/		
Continental Oil Company				P. O. Box 431	Midland, Texas 79	701		
If well produces oil or liquids,	nit Sec.	Twp.	Rge.	Is gas estually connect	•			
aive legation of tanks.	- 1		30E	NO	Two Weeks			
If this production is commingled with t	that from an	y other lease	er poel,	give commingling orde	r number: POST 1.	1-3		
					6-24			
NOTE: Complete Parts IV and V o	on reverse s	the ij metesso	, y. '	1	Cha	•		
VI. CERTIFICATE OF COMPLIANO	TE .			OIL C	ONSERVATION DIVISÍO	N		
II TRINCA Y TRANS								
					, 10			
seen complied with and that the information given is true and complete to the said complete t								
my knowledge and belief.					& Gas Inspector			
				TITLE	& Gas Inspector			
1ma 1-2				This form is t	be filed in compliance with	RULE 1104.		
If this is a request for allowable for a newly drilled or				y drilled or deepened				
(Signalw				well, this form mu	t be accompanied by a tabule well in accordance with Au	ition of the deviation LE 111.		
				I this form must be filled out				
(Tule)			able on new and M	ecompleted wells.				
May 17, 198	0		_	Fill out only	Sections I, II. III, and VI for or transporter or ether such	or changes of owner,		
(Date)				Meli Bewe of Branch	it at manabairan at atuat encu			