Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

ALC. DEC 21 199.

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
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DISTRICT II 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 TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. 30-015-27374 Devon Energy Corporation 20 N. Broadway Suite 1500 Oklahoma City, 73102-8260 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change effective January 1, 1994 Dry Gas Recompletion Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Todd "26B" Federal State, Federal or Fee MM405444-A Ingle Wells Delaware Location Unit Letter ____ 525 __ Feet From The North Line and __ 2040 Feet From The East Line Section 26 Township T23S Range R31E , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS me of Authorized Transporter of Oil

EOTT Energy Corporation

Fig. 2017 Energy Operating Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188 Houston, Tx 77251-1188 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) 921 Sanger Hobbs NM 88240 If well produces oil or liquids, give location of tanks. Unit Rge. Sec. Twp. Is gas actually connected? When? T23**\$**31E F 26 Yes November 13, 1993 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test **Tubing Pressure** Casing Pressure Choke Size Actual Prod. During Test Water - Bbls. Oil - Bbls **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved _ SUPERVISOR, DISTRICT II Signature W. E. Wince, Jr. Contract Administrator Printed Name Title Title (405) 235-3611 December 20, 1993

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.