

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator
 Devon Energy Corporation (Nevada) Well API No. 3002505135
 Address
 1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102
 Reason(s) for Filing (Check proper box)
 New Well Change in Transporter of: Other (Please explain)
 Recompletion Oil Dry Gas Change in Operator Name Effective
 Change in Operator Casinghead Gas Condensate July 1, 1992
 If change of operator give name and address of previous operator Hondo Oil & Gas Co., P.O. Box 2208, Roswell, NM 88202

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Lee Whitman "A" Well No. 1 Pool Name, Including Formation Denton Devonian Kind of Lease State, Federal or Fee Lease No.
 Location
 Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line
 Section 26 Township 14S Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil Amoco Pipeline Co. or Condensate Address (Give address to which approved copy of this form is to be sent) P. O. Box 68, Hobbs, NM 88240
 Name of Authorized Transporter of Casinghead Gas J. L. Davis or Dry Gas Address (Give address to which approved copy of this form is to be sent) 211 N. Colorado, Midland, TX 79701
 If well produces oil or liquids, give location of tanks. Unit G Sec. 26 Twp. 14S Rge. 37E Is gas actually connected? Yes When? 5/1/70
 If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
(X)								
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
 Length of Test Tubing Pressure Casing Pressure Choke Size
 Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

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.
 Signature *J. W. Duckworth*
 Printed Name J. W. Duckworth Title Operations Manager
 Date 6/30/92 Telephone No. 405/235-3611

OIL CONSERVATION DIVISION
 JUL 09 1992
 Date Approved _____
 By _____ ORIGINAL SIGNED BY JERRY SEXTON
 Title _____ DISTRICT I SUPERVISOR

- 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.