

**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**

**I.**

Operator Devon Energy Corporation (Nevada)		Well API No. 3002505138
Address 1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) Change in Operator Name Effective 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. 4	Pool Name, Including Formation Denton Devonian	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>H</u> : <u>660</u> Feet From The <u>South</u> Line and <u>825</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>14S</u> Range <u>37E</u> , NMPM, Lea County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil Amoco Pipeline Co.	<input checked="" type="checkbox"/> Oil or <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Casinghead Gas or <input type="checkbox"/> 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?		

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
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			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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.)

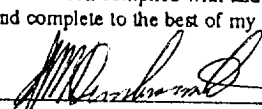
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

**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. M. Duckworth Operations Manager  
 Printed Name Title  
 Date: 6/30/92 Telephone No. 405/235-3611

**OIL CONSERVATION DIVISION**

Date Approved: JUL 09 '92

By: \_\_\_\_\_  
 ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I 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.

RECEIVED  
JUL 06 1992  
OCD HOBBS OFFICE