## Submit 5 Copies Appropriate District Office DISTRICT I State of New Mexico RECEIVED Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 e Instructions P.O. Box 1980, Hobbs, NM 88240 JUN 12 '89 L CONSERVATION DIVISION at Bottom of Page DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 O. C. D. Transporte ARTESIA FOR ALLOWABLE AND AUTHORIZATION Operator TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Devon Energy Corporation (Nevada) 1500 Mid America Tower, 20 North Broadway, Oklahoma City, Oklahoma 73102 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Operator Name Change Recompletion Dry Gas Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation SR-Q-G-SH Kind of Lease Grayburg Jackson SR-Q-G-SH State Federal or Fee Lease No. NM2933 Collier Federal Location North Line and 660 660 East Unit Letter \_ Feet From The Feet From The Line 17 17S 30E Eddy Section Township . NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Navajo Refining Company (Eff 6-9-72) N. Freeman Avenue, Artesia, New Mexico 88210 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas [ Conoco, Inc. P.O. Box 2197, Houston, Texas 77252 1 **Sec** 26 If well produces oil or liquids, 723S When? ls gas actually connected? 31E give location of tanks. 3-22-72 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover | Deepen | Plug Back | Same Res'v Oil Well Gas Well Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. PRTD 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Choke Size Casing Pressure Tubing Pressure Actual Prod. During Test Water - Bbls Oil - Bbls GAS WELL Actual Prod. Test - MCF/D Length of Test Bbis 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 JUN 1 4 1989 is true and complete owledge and belief. Date Approved

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Printed Name

Duckworth,

June 8, 1989

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By\_

Title

ORIGINAL SIGNED BY MIKE WILLIAMS

SUPERVISOR, DISTRICT IF

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

235-3611 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.

District Engineer

(405)