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

State of New Mexico Energy, Minerals and Natural Resources Dement

Revised 1-1-89
See Instructions
at Bottom of Pag
KECEIVED

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 JUL - 2 1992 REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Devon Energy Corporation (Nevada) 3001500805

Address			E			·		3001	20000	J	
1500 Mid-America Towe	r, 20	N. Broa	adway,	Oklal	homa Cit	y, OK 7:	3102				
Reason(s) for Filing (Check proper box) New Well					Ot	ther (Please exp					
Recompletion		Change in	Transpo	rter of:							
Change in Operator X	Oil Dry Gas Change in Operator Name Effective Casinghead Gas Condensate July 1, 1992										
If change of one-ter-			Conden								
and address of previous operator Hond	0 0il	& Gas C	O., F	. O. E	30x 2208	, Roswell	l, NM	88202			
II. DESCRIPTION OF WELL Lease Name	AND LI	EASE		3,						· · · · · · · · · · · · · · · · · · ·	
West Red Lake Unit	Well No. Pool Name, Including Formation						King	Kind of Lease Lease No.			
Location	7 Red Lake							Federal or Fee NMO 4175A			
									111104	II / JA	
Unit Letter B	- :	990	Feet Fro	эт The <u>1</u>	North Li	oe and 198	8·0 ₁	eet From The	Eas	st	
Section 7 Townshi	b 1	.8s	Range	271	7					Line	
	· · · · · · · · · · · · · · · · · · ·						ddy			County	
III. DESIGNATION OF TRAN	SPORT	ER OF O	IL ANI) NATII	RAL GAS						
and an appropriate of Off	Γ X]	or Conder	sale		Address (Gi	ve address to wi	hich approve	d copy of this form			
Koch Oil Co.					P. O.	Box 1558	Rrec	konrides	nusio de s	sent)	
Phillips 66 Natural Ga	P. O. Box 1558, Breckenridge, TX 76024 66 Natural Gas Address (Give address to which approved copy of this form is to be sent)								6024		
If well produces oil or liquids,		1 -	,	,	4001	Penbrook,	Odess	a, TX 797		'Eni)	
ive location of tanks.	Unit	Sec.	Twp. Rge		. Is gas actually connected? Whe						
this production is commingled with that V. COMPLETION DATA	I B	<u> </u>	18S	27E		Yes					
V. COMPLETION DATA	nom any or	tici icase of	pool, give	commingli	ing order num	ber:					
		Oil Well	G	s Well	1 21 277 11	1	·	·,—————			
Designate Type of Completion	- (X)	1	1 6.	AE AAGII	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	L		 			
Therefore (DE DVD				į	•			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	rmation		Top Oil/Gas Pay			Tubing Depth			
Perforations								January 20 pur			
								Depth Casing S	hoe		
		TIDING	CASDI	C 43 75							
HOLE SIZE	CA	SING & TU	CASIN	G AND		NG RECORI	2				
		ionia a 10	DING SI	<u> </u>		DEPTH SET		SACKS CEMENT			
				·				-			
											
TOPOTO PARMA					<u></u>						
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	······································				<u> </u>			
OLL WELL (Test must be after re Date First New Oil Run To Tank	covery of to	stal volume o	f load oil	and must b	re equal so or	exceed top allow	vable for this	depth or be for f	uli 24 how	rs.)	
ALL THE THEW OIL RUIL TO TANK	Date of Te	র		1.	Producing Me	thod (Flow, pun	φ, gas lift, e	(c.)			
ength of Test							/	200/	150-		
Tubing Pressure			[Casing Pressur	те		Choke Size 7-17-92				
ctual Prod. During Test	Oil - Bbls.				Water DVI						
					Water - Bbls.			Gas-MCF Glag 89			
GAS WELL					·	•					
ctual Prod. Test - MCF/D	Length of	l'ast							•		
	Exagai or 1	i cat] 1	Bbls. Condens	ale/MMCF		Gravity of Conde	ensale		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
								Choke Size			
I. OPERATOR CERTIFICA	TE OF	COMPI	TANC								
i nereby certify that the rules and regulat	ions of the (Oil Concerns	tion.	ا ت	0	II CONS	SERVA	TION DIV	JISIO	NI.	
Division have been complied with and that the information gives shows				OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.											
MM(I) I.S					Date Approved						
Signature Signature					D.:						
J. M. Duckworth	Operations Manage				By ORIGINAL SIGNED BY						
Printed Name /	Operations Manager Title				MIKE WILLIAMS						
6/30/92	405/235-3611				Title SUPERVISOR, DISTRICT #						

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

Date

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