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

State of New Mexico Energy, Minerals and Natural Resources D tment

OIL CONSERVATION DIVISION

P.O. Box 2088

JUL - 2 1992

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

Santa Fe, New Mexico 87504-2088

Form C-104 C/bY Revised 1-1-89

ee Instructions RECEIMED tom of Page

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 O. C. D. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Devon Energy Corporation (Nevada) 3001500809 Address 1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change in Operator Name Effective Dry Gas Recompletion Oil July 1, 1992 XChange in Operator Casinghead Gas Condensate 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 Well No. Pool Name, Including Formation Kind of Lease Lease No. West Red Lake Unit 3 Red Lake Qn., Grbg., State, Federal or Fee SA Location 660 Unit Letter Feet From The North Line and 1980 Feet From The West Line 7 Section 18S Township Range 27E , NMPM, Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) X Koch Oil Co P. O. Box 1558, Breckenridge, TX Name of Authorized Transporter of Casinghead Gas or Dry Gas [Address (Give address to which approved copy of this form is to be sent) Phillips 66 Natural Co Gas 4001 Penbrook, Odessa, TX79762 If well produces oil or liquids, Sec. Twp. Unit Rge. Is gas actually connected? When? give location of tanks. В 7 18s 27E Yes 9/29/60 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 Plug Back | Same Res'v Deepen Diff Res'y Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT . 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 Choke Size Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls. Water - 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) 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 JUL 1 0 1992 Signatu J./ ORIGINAL SIGNED BY М Operations Manager

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

405/235

Printed Name

Date

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

Title

MIKE WILLIAMS

SUPERVISOR, DISTRICT I

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

Title

Telephone No.

-3611

- 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.