| 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 ment OIL CONSERVATION DIVISION | | | | Form C-104 Revised 1-1-89 See Instructions RECEIVED tom of Page | | |
|---|---|--------------------------|--|---|--|--------------------|--|
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III | - | P.O. B inta Fe, New M | JUL - | 2 1992 0 | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. TO TRANSPORT OIL AND NATURAL GAS Well API No. | | | | | | | |
| Devon Energy Corporation (Nevada) 3001500812 | | | | | | | |
| 1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102 Reason(s) for Filing (Check proper box) | | | | | | | |
| New Well Other (Please explain) New Well Change in Transporter of: Recompletion Oil Other (Please explain) Change in Operator Kasse 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 West Red Lake Unit | Well No. Pool Name, Includin | | | | Kind of Lease Lease No. State, Federal or Fee | | |
| Unit Letter J : 2310 Fast From The South r : 1650 per per Front | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | • | | <u> </u> | et From The <u>Ea</u> | <u>ast</u> Line | |
| County | | | | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent) | | | | | | | |
| Koch Oil Co. | | | P. O. Box 1558, Breckenridge, TX 76024 Address (Give address to which approved copy of this form is to be sent) | | | | |
| Phillips 66 Natural Ga | is Co. | ······ | 4001 Penbrook, | | | s to be senty | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. B 7 | Twp. Rge. | Is gas actually connected? | 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) | Gas Well | New Well Workover | Deepen | Plug Back Same | e Res'v 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 Fe | ormation | Top Oil/Gas Pay | op 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 re Date First New Oil Run To Tank | covery of total volume Date of Test | of load oil and must | be equal to or exceed top a. | llowable for this | depih or be for ful | l 24 hours.) | |
| | Date of rea | | Producing Method (Flow, pump, gas lift, et | | poeted ID-3 | | |
| Length of Test | Tubing Pressure | | Casing Pressure | | Choke Size 7-17-99 | | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbls. | | Gas-MCF Eng P | | |
| GAS WELL | | | L | · · · · · · · · · · · · · · · · · · · | Д | | |
| Actual Prod. Test - MCF/D | Length of Test | | Bbls, Condensate/MMCF | | Gravity of Condensate | | |
| Testing Method (pitos, 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. | | | OIL CONSERVATION DIVISION Date Approved JUL 1 0 1992 | | | | |
| Signatury J. M. Duckworth Operations Manager Printed Name | | | By ORIGINAL SIGNED BY MIKE WILLIAMS | | | | |
| U/30/92 | 405/235-3611 | | | Title SUPERVISOR, DISTRICT I | | | |
| | Tele | phone No. | and an and a set of the set of the set of the | and and the state of | | | |

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 Request for allowable for newly utilied or deepened well must be accompanied by tabulation of dematon uses uncer in a with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filled for each pool in multiply completed wells.