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

State of New Mexico

Energy, Minerals and Natural Resources De

Form C-104 Revised 1-1-89 See Instructions
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DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUL - % 1992

I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
Devon Energy Corporation (Nevada)							Well A	Well API No. 3001500815			
Address											
1500 Mid-America Tower Reason(s) for Filing (Check proper box) New Well		Broadw ange in Tra			Oil	er (Please explo	ain)				
Recompletion	Oil Casinghead G	Dr Dr	y Gas ndensau			ange in a		c Name E	Effective	e	
if change of operator give name and address of previous operator Hondo) Oil & G	as Co.	, P.	.О. В	ox 2208	, Roswell	, NM 8	8202			
II. DESCRIPTION OF WELL			÷.								
Lease Name West Red Lake Unit	Well No. Pool Name, Including 9 Red Lake (of Lease Lease No. Federal or Fee			
Location	·				2117 021	9., 011			=		
Unit LetterJ	:2310	Fe	et From	The S	outh Li	e and202	6 Fe	et From The	East	Line	
Section 7 Township	18S	Ra	nge	2	7E , N	мрм,	Eddy			County	
III. DESIGNATION OF TRAN	SPORTER (OF OIL	AND	NATIII	RAI. GAS						
Name of Authorized Transporter of Oil		Condensate				ve address to wi	hich approved	copy of this f	orm is to be se	int)	
Koch Oil Co. Name of Authorized Transporter of Casinghead Gas v or Dry Gas					P. O. Box 1558, Breckenridge, TS 76024						
	ne of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit S∞	:				y connected?	When		702	······································	
If this production is commingled with that f	B I I I I I I I I I I I I I I I I I I I		8S 1. give c	27E	l Yes	ber			 		
IV. COMPLETION DATA											
Designate Type of Completion	- (X) O	il Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. R	eady to Pro	od.		Total Depth		·	P.B.T.D.	<u>. </u>	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	TUI	BING. C	ASINO	AND	CEMENT	NG RECOR	D	<u> </u>	·		
HOLE SIZE	CASING & TUBING SIZE				CENTERY	DEPTH SET		SACKS CEMENT			
	<u> </u>				 			ļ	· · · · · · · · · · · · · · · · · · ·		
	1			 · · · · · · · · · · · · · · · · · · 	<u> </u>		·····				
V TECT DATE AND DECUE	77.505.41	61W.15									
V. TEST DATA AND REQUES OIL WELL (Test must be after re				and must	be equal to o	r exceed ton all	owable for thi	s denth or he	for full 24 how	re)	
Date First New Oil Run To Tank	Date of Test	, ,				lethod (Flow, pi			anti	1 to- 3	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size 7-17-92			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas-MCF Engloy			
GAS WELL					·			<u> </u>			
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)			Choke Size			
VI. OPERATOR CERTIFIC				E			ISFRV.	ATION	DIVISIO		
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 rgy knowledge and belief.					OIL CONSERVATION DIVISION Date Approved IIII 1 0 1992						
IM) Land					Date	e Approve	dU	TOR	774	· · · · · · · · · · · · · · · · · · ·	
Signatury J. M. Duckworth	Signature J. M. Duckworth Operations Manager					By ORIGINAL SIGNED BY					
Printed Name U 30 /12	Title 405/235-3611				Title SUPERVISOR, DISTRICT 7°						
Date		Talant	NI-		11						

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.