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

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

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

OIL CONSERVATION DIVISION

Energy, Minerals and Natural Resources De

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 (\)
Revised 1-1-89
See Instructions
AECEIVED

JUL - 2 1992

_	MEGU	1001 L	JH AL	LLOWA	RLE AND 1	AUTHORI.	ZATION	O. C.	D.		
I. Operator	7	TO TRA	NSP	ORT OIL	AND NA	TURAL GA	AS .	Airon s	عودانء		
•			API No.								
Devon Energy Corporat: Address	ton (Nev	vaua)			· · · · · · · · · · · · · · · · · · ·		30	0150082	2		
1500 Mid-America Towe	r 20 N	Broz	d	Oklah	nome Oite	07 77	1100				
Reason(s) for Filing (Check proper box)	20 N	. DI Oa	away,	OKIAI		cr (Please expl	3102				
New Well	Change in Transporter of: Change in Operator Name Effective										
Recompletion	Oil		Dry Ga			ange in 1 .y l <b>,</b> 199		r Name H	Effectiv	'e	
Change in Operator X	Casinghead	Gas 🗌	Conden	sate	Jul	.у т, 199	12				
If change of operator give name and address of previous operator. Hondo	o Oil &	Gas C	O F	2 . O . F	30x 2208	Poswell	NIM C	8202			
					<u> </u>	KOSWELL	- J INDI C	0202	<del></del>	<del></del>	
II. DESCRIPTION OF WELL Lease Name			Dool M		· -			<del></del>			
West Red Lake Unit	Well No. Pool Name, Included to the Pool Name, Included the Pool Name, Include				2			of Lease Federal or Fe		Lease No.	
Location	<u>-</u>		1100	Dane	ZII., GIL	9., SA			e NMO41	L / 5A	
Unit LetterA	_:	1650	Feet Fo	om The N	orth Line	165	0 -		East		
				O. 1110	Latin	and	F6	et From The	Last		Line
Section 8 Township	<u>p 185</u>	3	Range	27	E, N	ирм,	Ed	dy		Count	ily
III DESIGNATION OF TRAN	CDADTE	OF O	/V								
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden	L AN	U NATU	RAL GAS					<del></del>	
Wash oil o										-	
Name of Authorized Transporter of Casing	ehead Gas	X	or Dry	Gar [	P. O.	Box 155	kenridge, TS 76024 copy of this form is to be sent)				
Phillips 66 Natural Ga	Gas [					eni)					
If well produces oil or liquids,	Ree	Is gas actually	Penbrook	а, ТХ 79762							
give location of tanks.	Unit	<b>Sec.</b>	Twp. 18S		Ye		When				
If this production is commingled with that f	from any othe	r lease or p	oool, giv		ing order numb	ег.	l	1/1/69			
IV. COMPLETION DATA				_	•						
Designate Type of Completion	(7)	Oil Well	C	las Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res	s'v
Date Spudded	<del></del>	L			<u> </u>					i	
Date Spatier	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ame of Producing Famel				Top Oil/Gas Pay					
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation								Tubing Depth			
Perforations	Depth Casing Shoe										
<u> </u>								Dopui Casin	g Shoe		
	TT	UBING.	CASIN	G AND	CEMENTIN	IG RECOR	D	<u> </u>	<del></del>		
HOLE SIZE	CASING & TUBING SIZE			1	DEPTH SET	SACKS CEMENT					
								5.70170 OLIVICITY			
						·	····				
									<del></del>		
V TEST DATE AND DECYIES	T HOD I										
V. TEST DATA AND REQUES OIL WELL Test must be after re											
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	al volume o	of load o	il and must	be equal to or	exceed top allo	wable for this	depih or be f	or full 24 hou	rs.)	·
Date I had for the To Talk		Producing Method (Flow, pump, gas lift, etc.)						_			
Length of Test	Tubing Pressure				Casing Pressu	73	Choka Siza	Poster	Y ID	-3	
Taking Hessule					Casing 11680		CHOKE SIZE	Poster 7-2	4-93	2	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			1.40	OP	
								Gas- MCF	6119		
GAS WELL				**	<del></del>		·	L			
Actual Prod. Test - MCF/D	Length of To	est		<del></del>	Bbls. Condens	ale/MMCF		Gravity of C	Ondennia		
							Gravity of Condensate				
Tubing Method (pitos, back pr.)  Tubing Pressure (Shut-in)				<del></del>	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE.		······		<del> </del>		<del></del>	
I hereby certify that the rules and regulations of the Oil Conservation						IL CON	SERVA	1 NOITA	DIVISIO	N	
Division have been complied with and the	hat the inform	nation give	n above								
is true and complete to the best of my-k	powledge and	l belief.			Doto	Ann	J	1111 0	1002		
MMD 1 (1)					ll pare	Approved	ــــــــــــــــــــــــــــــــــــــ	JUL 9	1992		····-
All Kembrow &					D ODIOWAY SISSUES						
Signature Operations Management					By ORIGINAL SIGNED BY MIKE WILLIAMS						
J. M. Duckworth Operations Manager Printed Name Title					CHOEDINGOD BIOTHING						
6/30/92	40	5/235-			Title_		CIVISUR	ואוכוע	1 11		·
Date /			hone No	),							

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.