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

State of New Mexico Energy, Minerals and Natural Resources De ment Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

JUL - 2 1992

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perator (Namada)								Well API No.					
Devon Energy Corporat			3001526422										
1500 Mid-America Towe	r, 20 N	. Broa	dway	, Oklah	oma City	y, OK 7	73102						
Reason(s) for Filing (Check proper box)						er (Please ex	plain)						
New Well		Change in			Ch	ange in	Opera	itor	Name F	ffective	e		
Recompletion	Oil		Dry C	ias 🗀		ly 1, 1					_		
Change in Operator X	Casinghea	id Gas	Conde	ensate	·								
I change of operator give name and address of previous operator Hondo			0.,	P. O. B	ox 2208	, Roswel	1, NM	8	3202				
U. DESCRIPTION OF WELL Lease Name	AND LE	Y	1	÷.	·								
							1	State Endamel on Eco			ease No.		
Location		34	Rec	і шаке (n., Grb	g., SA		, , , , , , , , , , , , , , , , , , ,	tocial of Te	NM-	-7721		
Unit LetterC	<u>: 99</u>	90	Feet I	From TheN	orth Li	e and	1.770	Fo	et From The	West	Line		
Section 9 Townshi	p 183	5	Range	27E	, N	мрм,	Eddy				County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL Al	UTAN ON	RAL GAS								
Name of Authorized Transporter of Oil	X	or Conden	sale			ve address to	which app	roved	copy of this f	orm is to be se	ent)		
Koch Oil Co. Name of Authorized Transporter of Casinghead Gas X or Dry Gas						P. O. Box 1558, Breckenridge, TX 76024 Address (Give address to which approved copy of this form is to be sent)							
Phillips 66 Natural G If well produces oil or liquids,	4001 Penbrook, Odessa,												
give location of tanks.	Unit A	Sec. 8	Twp.		Is gas actuall	y connected?	! \	∦hen			ŕ		
If this production is commingled with that IV. COMPLETION DATA			pool, g	ive comming	ing order num	ber:			1/18/91				
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v		
ate Spudded Date Compl. Ready to Prod.					Total Depth			l	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth					
Perforations						<u> </u>							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									Depth Casin	g Shoe			
· 14/4 · A	,	TUBING.	CAS	ING AND	CEMENT	NG RECO	RD			•			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SE	·		SACKS CEMENT				
	<u> </u>												
V TEST DATA AND DECLIES	TEOD	III OW	1 70 Y T		<u> </u>	·····							
V. TEST DATA AND REQUES OIL WELL (Test must be after r						1.							
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te		oj ioaa	ou ana musi						for full 24 how	rs.)		
	Date Of 168					Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Pressure				Choke Size	posus	17-92		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas-MCF You OF				
									4-39				
GAS WELL					·					•			
Actual Prod. Test - MCF/D	Length of	'l'est			Bbls. Conder	sale/MMCF			Gravity of C	ondensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMP	TIAI	NCE							. J		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION								
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							
MM) / A.						· whhink	eu		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
All Klanhariah					D. D. DOLLAND OLONGO DV								
Signature J. M. Duckworth Operations Manager					By ORIGINAL SIGNED BY								
J. M. Duckworth Operations Manager Printed Name Title					MIKE WILLIAMS Title SUPERVISOR, DISTRICT II								
405/235-3611													
Date			phone		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.