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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 D€ ment

OIL CONSERVATION DIVISION

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

| DISTRICT II | | $\mathrm{OIL}~\mathrm{CO}$ | NS | ERVA | I NOIT! | DIVISIO | N | | at Bott | om of Page |
|---|--|----------------------------|-------------------|----------------------|----------------------------|--|------------------------|---------------------------|--|------------|
| P.O. Drawer DD, Anesia, NM 88210 | | | | P.O. B | 30x 2088 | | | . : | 1492 | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | DEOL | | | | lexico 8750 | | | | | |
| I. | HEQU | JEST FOF TO TRAN | R ALL SPO | LOWA! | BLE AND LAND NA | AUTHORI TURAL G | ZATION | | | |
| Operator | | 7 | | 111 011 | | TOTALO | | API No. | ······································ | |
| Devon Energy Corporat | | | | 3001505613 | | | | | | |
| 1500 Mid-America Towe. Reason(s) for Filing (Check proper box) | r, 20 N | . Broadw | ay, | Oklah | | | 3102 | | | |
| New Well | | Change in Tr | nnened | | | er (Please expl | • | | | |
| Recompletion | Oil Casinghea | □ D ₁ | ry Gas ondens: | | | ange in ly l, l9 | | r Name I | Effectiv | re |
| If change of operator give name and address of previous operator Honde | o Oil & | Gas Co. | , P. | O. E | 30x 2208, | Roswell | L, NM 8 | 38202 | | |
| II. DESCRIPTION OF WELL | | | | | | *Unitiza | | | 14-08-0 | 01-11572 |
| Lease Name East Shugart Unit Location | | Well No. Po | ol Nan Shu | me, Includ gart \ | ing Formation Yates, 71 | R, Qn, G1 | Kind | of Lease Federal or Fe | 1 | ease No. |
| Unit Letter P | : 33 | 0 Fe | et From | n The | South Lin | e and330 |). F | eet From The | East | Line |
| Section 27 Townshi | p 18S | R. | ange | 31F | . NI | мрм, | Εć | ldy | | County |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | SPORTE | R OF OIL or Condensate | AND | NATU | | ., | | | | |
| NONE - WIW | | o. Condensan | | | Address (GIV | e address to w | hich approv e d | copy of this | form is to be s | ent) |
| Name of Authorized Transporter of Casing NONE | head Gas or Dry Gas Addre | | | | | address (Give address to which approved copy of this form is to be sent) | | | | |
| If well produces oil or liquids, give location of tanks. | | | | | | | When | ? מ | | |
| If this production is commingled with that I | from any oth | er lease or poo | l, give | commingl | ing order numb | эсг: | | | | |
| Designate Type of Completion | - (X) | Oil Well | Ga | s Well | New Well | Workover | Deepen | Plug Back | Same 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 Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | ···· | | Depth Casing Shoe | | |
| | | TIBING C | A STNIC | CIMA : | CEMENITO | IC RECOR | | 1 | · | |
| HOLE SIZE | CAS | SING & TUBII | NG SIZ | ZE ZE | CEMENTING RECORD DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| V. TEST DATA AND REQUES OIL WELL (Test must be after ro | | | | | | | | | | |
| Date First New Oil Run To Tank | ecovery of total volume of load oil and must | | | | Producing Me | exceed top allo whod (Flow, pu | mp, gas lift, e | ic.) | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size 7-17-92 | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls. | | | Gas- MCF | Chy | 100 |
| GAS WELL | | | | | <u> </u> | | | <u> </u> | | |
| Actual Prod. Test - MCF/D | Length of 'I | csl | | | Bbls. Conden | sate/MMCF | | Gravity of C | Condensate | |
| Testing Method (pitot, 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 | | | | |)N |
| | | | | | Date Approved | | | | | |

ng pagaman ang pagaman na mang pagaman ng pa INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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.

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT I

MIKE WILLIAMS

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

405/235-3611

Operations Manager

Title

Telephone No.

- 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.