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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Dej

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.	· · · · · ·		
Devon Energy Corporation (Nevada) Address						3001505684					
	~ 20	N D	,								
1500 Mid-America Towe Reason(s) for Filing (Check proper box)	1, 20	N. Broad	away,	Oklai	noma City	y, OK 7	3102		·	~	
New Well	Change in Transporter of: Change in Transporter of:										
Recompletion	Oil Dry Gas Change in Operator Name Effective								re		
Change in Operator	Casinghe	ad Gas	Conden	sate		ly 1, 19					
If change of operator give name and address of previous operator Hond	o Oil	& Gas Co	D., P	. O. E	3ox 2208	. Roswel	1 NM S	38202			
II. DESCRIPTION OF WELL	ANDIE	PACE							····		
Lease Name	Well No. Pool Name, Including				ine Fermi	*Unitiza					
East Shugart Unit					Yates, 7R, Qn., Grbq State,			of Lease Federal or Fe		Lease No.	
Location				Jule .	14003, 77	W, QII.,	Grad				
Unit Letter B	: <u></u>	990	Feet Fro	om The _1	North Lin	e and1	650 F	eet From The	East	Line	
Section 34 Townsh	ip 18	S	Range	31E	, N	мрм,		Eddy		County	
III. DESIGNATION OF TRAN	ידמטעא	ED OF OT	T A NTY	> > 1 (7) E 1	D. 17						
Name of Authorized Transporter of Oil		or Condens	L ANL	JNATU	RAL GAS			,			
Toyas Now Morriso Direction						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casin	P. O. Box 2528, Hobbs, NM 88240										
Phillips Petroleum Co	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,	il or liquids, Unit Sec Two P				Is gas actuali	A connected 3	Odessa, When				
give location of tanks.	T. 35 1 70cl 21			215	37			8/59			
If this production is commingled with that	from any of	her lease or p	ool, give	comming	ling order num!	ber:	<u>/</u>	<u> </u>			
IV. COMPLETION DATA		_,	·		-,						
Designate Type of Completion		Oil Well	i	as 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 Oll/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	-										
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CEMENTING RECORD						
HOLE SIZE	ZE	DEPTH SET			SACKS CEMENT						
	 										
,	 	·									
	†			··				-			
V. TEST DATA AND REQUES	T FOR	ALLOWA	BLE		<u> </u>			<u> </u>			
OIL WELL (Test must be after r	ecovery of t	otal volume o	fl∞ad oil	l and must	be equal to or	exceed top allo	mable for this	depih or he fo	or full 24 hou	rr l	
Date First New Oil Run To Tank	Date of Te	st .			Producing Me	thod (Flow, pu	mp, gas lift, e	Ic.)	7, 27, 1.0.2		
Land of Table		···							Dont	N TO-	
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size	7-	17-97	
Actual Prod. During Test										2	
Troubang Tool	Oil - Bbis.				Water - Bbis.			Gas- MCF	Cang	D	
GAS WELL	J				,	•					
Actual Prod. Test - MCF/D	TT 22210 76	75 · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·							
The Test Michie	rengin of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Carlandia						
Tooling Tressure (Silm-m)					Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFIC	ATTE OF	COLO	7.4.3.46					L			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula	AIE Ur	COMPL	JANC	JE		III CON	SERVA	TION F	71/11610	N. 1	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved JUL 1 0 1992						
Ima 1 Ch	-				Date	Approved	3	LIVIS	JJL		
Millemannet											
Signature					By ORIGINAL SIGNED BY						
J./M. Duckworth Operations Manager					MIKE WILLIAMS						
Title 405/235-3611					Title SUPERVISOR, DISTRICT IT						
Date			ione 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.