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

State of New Mexicoergy, Minerals and Natural Resources Department

. 132

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

orm C-104 evised 1-1-89 ee Instructions t Bottom of Page	ht d
Bottom of Page	4.6

I.	REQUEST FOR AL	LOWAI	BLE AND AUTHOR L AND NATURAL G	IZATION.		The State	
Operator Devon Energy Corpor	Wei				API No.	15602	
Devon Energy Corporation (Nevada) Address			3001505692				
Reason(s) for Filing (Check proper box	ower, 20 N. Broadway	, Okla					
New Well	Change in Transpor	rter of:	Other (Please exp Change in		Name Eff	ective	
Recompletion	Oil Dry Gas		July 1, 19				
Change in Operator	Casinghead Gas Condens	-					
f change of operator give name nd address of previous operator	Hondo Oil & Gas Com	ipany,	P. O. Box 2208,	Roswell	, NM 8820	12	
I. DESCRIPTION OF WELL					n Number:		
Lease Name East Shugart Unit	Well No. Pool Na 4 Shu	me, Includ	ing Formation Yates, 7R, Qn.,	Kind Crho State	of Lease Federal or Fee	Lease No.	
Location			, , , , , , , , , , , , , , , , , , , ,	0104.		*	
Unit LetterD	:330 Feet Fro	om The	North Line and3	330 Fe	et From The	West Line	
Section 35 Towns	ship 18S Range	31E	, NMPM,		·	Eddy County	
II. DESIGNATION OF TRA	NSPORTER OF OIL AND	D NATU	RAL GAS				
vame of Authorized Transporter of Oil	or Condensate		Address (Give address to w	hich approved	copy of this form	is to be sent)	
Texas-New Mexico Pip			P. O. Box 2528	, Hobbs	, NM 8824	0	
Name of Authorized Transporter of Cas Phillips Petroleum (singhead Gas X or Dry C	Jas	Address (Give address to w	ess (Give address to which approved copy of this form is to be sent)			
f well produces oil or liquids.		<u> </u>	4001 Penbrook,				
ive location of tanks.	L 35 18S	Rge.	Yes	When	11/2/	59	
this production is commingled with the V. COMPLETION DATA	at from any other lease or pool, give	commingl	ling order number:				
Y. COMPLETION DATA							
Designate Type of Completion	n - (X) Oil Well Ga	as Well	New Well Workover	Deepen	Plug Back San	ne Res'v Diff Res'v	
ate Spudded	Date Compl. Ready to Prod.		Total Depth	J	P.B.T.D.	1	
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations				Depth Casing Shoe			
					Super Casing on	·	
	TUBING, CASIN	IG AND	CEMENTING RECOR	D			
HOLE SIZE	CASING & TUBING SI	ZE	DEPTH SET		SAC	KS CEMENT	
						· · · · · · · · · · · · · · · · · · ·	
							
. TEST DATA AND REQUE			<u> </u>		·		
IL WELL (Test must be after rate First New Oil Rup To Tank	recovery of total volume of load oil	l and must	be equal to or exceed top allo	owable for this	depth or be for fi	Il 24 hours.)	
PALO I HAR THEW ON RUIL TO THINK	Date of Test		Producing Method (Flow, pu	ımp, gas lift, e	(c.)	61000	
ength of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size 7-17-92	
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas-MCF (hg b)		
GAS WELL			<u> </u>				
actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Conde	nsaie	
sting Method (pitot, back pr.)			Cooling Designs (St. 11 1-1)				
g (proof out of prof	A TOORITO (ORIM-III)		Casing Pressure (Shut-in)		Choke Size		
I. OPERATOR CERTIFIC	CATE OF COMPLIANC	CE		· · · · · · · · · · · · · · · · · · ·	L <u> </u>		
I hereby certify that the rules and regularity Division have been complied with and	ulations of the Oil Conservation d that the information given above		OILCON	ISERVA	ATION DIV	/ISION	
is true and complete to the best of my	knowledge and belief.		D-1- 4	. : 3171	1 0 1009		
mm 1 d.			Date Approve	a JUL	T 0 1337		
1111 Kunturmet			Du				
J. M. Duckworth Operations Manager			By ORIGINAL SIGNED BY				
Printed Name / 405/235-3611 Title			MIKE VALUAMS Title SUPERVISOR, DISTRICT IF				
Date			THE SOILK	FIDUR, DI	571051 11		
a	Telephone No.		l f				

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.