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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

月生.一年1992

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	Santa Fe, New Mexico 87504-2088							##1.4% 1992		
I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							No.	-	
Operator	AN UNA	I UNAL GA		API No.	Pl No.					
Devon Energy Corporation (Nevada) /					3001505696					
1500 Mid-America Tower	r, 20 N. Bro	adway,	Oklah	oma City	, OK 73	102				
Reason(s) for Filing (Check proper box)		in Transpor			ct (Please explo					
New Well Recompletion Change in Operator	Change in Operator Name Effective July 1, 1992									
If change of operator give name and address of previous operator Hondo	Oil & Gas	Condens		ox 2208.	Roswell	NIM S	88202			
II. DESCRIPTION OF WELL				011 (1200)	TODWCII	, INFI C	0202		· · · · · · · · · · · · · · · · · · ·	
Lease Name Well No. Pool Name, Includi					nitizatio		er: 14- of Lease			
East Shugart Unit 6 Shugart y					, Qn., G		Federal or Fe		.case No. *	
Location						-				
Unit Letter C	_ :990	Feet Fre	om The No	orth Line	and	<u> </u>	eet From The	West	Line	
Section 35 Township	Section 35 Township 18S Range 3				ирм,	Edd	Y County			
III. DESIGNATION OF TRAN	SPORTER OF	OTE A BIT	\	0.17 0.10						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
NONE - WIW	The second of the second copy of the form is to be seen,									
Name of Authorized Transporter of Casing	head Gas	or Dry C	Gas	Address (Give	address to wh	ich approved	copy of this f	orm is to be se	int)	
NONE If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgc.			ls gas actually	connected?	When	7			
If this production is commingled with that f	mm any other lease.		L	l		L				
IV. COMPLETION DATA			commingli	ng order numb	ег.					
Designate Type of Completion -	- (X) I	eli G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dist Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	l		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Ton Oll/Cas Pau						
,	Name of Frontiering	romation		Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe					
	TIPING	CACINI	C 43175	CITA CENTRAL	10 2000		<u> </u>			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET			PACKS OF VENT			
		100111001		DEFINSE			SACKS CEMENT			
					· · · · · · · · · · · · · · · · · · ·					
V. TEST DATA AND REQUES	T FOR ALLOY	VARIE								
OIL WELL (Test must be after re			l and must i	be equal to or	exceed top allo	wable for this	e denth or he t	for full 2d hour	· · 1	
Date First New Oil Run To Tank	Date of Test		be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)							
Length of Test					····			Poster	110-3	
Lengui of Tex	Tubing Pressure			Casing Pressure			Choke Size	7-1	110-3	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	G.ha	OF	
	L			·	·			400		
GAS WELL Actual Prod. Test - MCF/D	,							*		
Actual Flod. 1686 - MICHAD	Length of Test			Bbls. Condensate/MMCF			Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF COM	PLIAN	CE		W 00N	055	. ~			
I hereby certify that the rules and regular Division have been complied with and the	tions of the Oil Conse	ervation			IL CON	SEHVA	HONI	JIVISIO	N	
is true and complete to the best of my kn	Date Approved JUL 1 0 1992									
MM(1) / L	Date	Approved	1 <u>J</u> 1) L T U	1334					
Signature /				By	ODION	AL CLOSU	ED BY			
J. M/ Duckworth	th Operations Manager				By ORIGINAL SIGNED BY MIKE WILLIAMS					
Printed Name 6/30/92	405/235-361	Title SUPERVISOR, DISTRICT IT								

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.

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.