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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 Department

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 | Santa Fe, New Mexico 87504-2088 | | | | | | | | | | |
|--|---|---|---------------------------------------|--|---------------------------------------|--|---------------------------------------|------------------------|---------------------------------------|--|--|
| I. | REQ | JEST FO | R ALL | AWO. | BLE AND | AUTHOR | IZATION | | | | |
| Operator | | TOTRAN | 1SPO | IO TF | L AND NA | TURAL G | AS | | | | |
| Devon Energy Corporat | | | | Wei | API No. 3001505702 | | | | | | |
| 1500 Mid-America Towe | er, 20 N | . Broad | way, | Oklal | homa Cit | v 0k 7 | 3102 | | | | |
| Reason(s) for Filing (Check proper box) New Well | | | | | On | her (Please exp | | | | | |
| Recompletion | 0'' | Change in T | | r of: | | nange in | | ar Nama | mee | | |
| Change in Operator | Oil Casinghea | d Gas To | ry Gas Condensat | <u>. </u> | J | ury 1, 1 | 992 | or Name | rriecti | ve | |
| If change of operator give name and address of previous operator Hono | lo Oil & | Gas Co | ., Р. | O. I | 30x 2208 | , Roswell | l, NM | 38202 | | | |
| II. DESCRIPTION OF WELL Lease Name | AND LE | ASE | | | | | | | | ······································ | |
| East Shugart Unit | s, ancieso | | | | of Lease Lease No. Federal or Fee * | | | | | | |
| Unit LetterL | ;] | | | | South Lin | | 0 | | E7 o o t | | |
| Section 35 Townsh | ip 185 | • | ange | | · | MPM. | P | eet From The | West | Line | |
| III. DESIGNATION OF TRAN | JSPODTE | P OF OH | AND | | | ин, | Eddy | | · | County | |
| Name of Authorized Transporter of Oil | [X] | or Condensat | AND I | NATU | RAL GAS | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | |
| Texas-New Mexico Pipe | aline Co | | _ |] | D O | e address so wi | uch approved | copy of this | form is to be s | seni) | |
| Name of Authorized Transporter of Casin | | P. O. Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | |
| Phillips Petroleum Co. If well produces oil or liquids, Unit Soc. Thus I a | | | | | 4001 Penbrook, Odessa, TX 79762 | | | | | ent) | |
| give location of tanks. | ition of tanks. | | | | la gas actuali | y connected? | When | | | | |
| If this production is commingled with that IV. COMPLETION DATA | from any other | t lease or poo | L8S I, give co | 31E muning! | Ye: | s er: | | L1/2/59 | · · · · · · · · · · · · · · · · · · · | | |
| Designate Type of Completion | an. | Oil Well | Gas | Well | New Well | Workover | Decpen | Diversity | la » : | | |
| Date Spudded | | L | <u> </u> | | | , orkove, | Deepen | Plug Back | Same Res'v | Dist Res'v | |
| Flauntions /DE DVD DT CD | 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 | | | |
| | 77 | IRING C | SING | ANIT | CEL (F) ITTE | 10 5500 | | | | | |
| HOLE SIZE | TUBING, CASING AND CASING & TUBING SIZE | | | | | | | | | | |
| | SACING & TOBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | ļ | | | | | | | | | | |
| . TEST DATA AND REQUES | T FOR AI | LOWABI | LE | | | | | | | | |
| OIL WELL (Test must be after re Date First New Oil Run To Tank | covery of total | l volume of lo | ad oil an | d must b | re equal so or e | exceed top allow | vable for this | denth or he f | or full 24 hour | 1 | |
| Date First New Oil Run To Tank | Date of Test | | | | Producing Met | hod (Flow, pun | φ. gas lift, et | c.) | 77 Juli 24 HOU | 3./ | |
| ength of Test | Tubing Poss | | · · · · · · · · · · · · · · · · · · · | | | | | | parter | 1 10.3 | |
| Actual Prod. During Test | Tubing Pressure | | | | Casing Pressure | | | Choke Size Posted ID-3 | | | |
| total flot During 1680 | Oil - Bbis. | | | | Water - Bbis. | | | Gas-MCF Chg OP | | | |
| GAS WELL | | | | | · | · | ····· | | | | |
| Actual Prod. Test - MCF/D | Length of Te | st | | | Bbls. Condens | IE/MMCE | | Combinator | | | |
| | | | | | | | | Gravity of Condensate | | | |
| esting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | Choke Size | | | | |
| I. OPERATOR CERTIFICA | ATE OF C | OMPLIA | NCE | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| I hereby certify that the rules and regulat | ions of the Oi | Concernia | _ | | .0 | IL CONS | SERVA | TION | OIZIVIO | M · | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | | | 1 | | TION DIVISION | | | |
| | | | | | Date Approved | | | JUL 9 1992 | | | |
| Signature Signature | · | | . | _ | D | <u>. </u> | | | • • | | |
| J. M. Duckworth Operations Manager | | | | | By ORIGINAL SIGNED BY | | | | | | |

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

MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

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

Operations Manager

Telephone No. State of the season of the

- 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.