Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	Energy, N	State of N Ainerals and Nat	lew Mexico tural Resources Dep ver	at	Form C-104 CH4 Revised 1-1-89 See Instructions	
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	OILC		ATION DIVISION ox 2088	J .	KECEIVED of Page	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	Sa		exico 87504-2088		JUL - 2 1992	
I.	REQUEST FO		BLE AND AUTHORIZ	ATION	0. C. D.	
Operator		MISPORT OIL	LAND NATURAL GAS	S Well AFI No.		
Devon Energy Corporat. Address					3001522724	
1500 Mid-America Towe Reason(s) for Filing (Check proper box)	r, 20 N. Broa	dway, Oklał	Other (Please explain			
New Well	Change in Oil	Transporter of: Dry Gas	Change in Op	perator Nam	e Effective	
Change in Operator X	Casinghead Gas	Condensate	July 1, 1992			
and address of previous operator Honde		0., P. O. E	Box 2208, Roswell,	NM 88202		
II. DESCRIPTION OF WELL		· :				
State CB Com	Well No.	Pool Name, Includ		Kind of Lease State, Federal	2000001.00.	
Location			er Atoka Gas	State, rederar	or Fee 648	
Unit LetterO	_ :660	Feet From The So	outh Line and 1980	Feet From	The East Line	
Section 29 Townshi	p 195	Range 28	BE , NMPM,	Eddy	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF O	IL AND NATU	RAL GAS			
Koch Oil Co.	or Conden	sale X	Address (Give address to which			
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas	P. O. Box 1558,	Breckenric	lge, TX 76024	
Natural Gas Pipeline		a	Address (Give address to which P. O. Box 236,	h approved copy of . Midland T	this form is to be sent) 79701	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected?	When ?	<u>, 19701</u>	
If this production is commingled with that it. IV. COMPLETION DATA	0 29 from any other lease or p	195 28E	Yes	9/19	9/79	
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well Workover	Deepen   Plug B	ack Same Res'y Diff Res'y	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	   P.B.T.I		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oll/Con Pari			
Perforations	Perforations		Depth Casing Shoe			
	(TIDD10				asing shoe	
HOLE SIZE	CASING & TUDING DITE		CEMENTING RECORD	·····		
	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQUES	T FOR ALLOWA	BLE	<u> </u>			
OIL WELL (Test must be after re	ecovery of total volume i	of load oil and must	be equal to or exceed top allows	able for this depth of	be for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump	), gas lýt, etc.)	, , , , , , , , , , , , , , , , , , , ,	
Length of Test	Tubing Pressure		Casing Pressure	Choke	posted ID-3 Size 7-24-92	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- M		
	l				0	
GAS WELL Actual Prod. Test - MCF/D	Length of Test	· · · · · · · · · · · · · · · · · · ·				
	· ·		Bbls. Condensate/MMCF	Gravity	of Condensate	
Testing Method (pilot, back pr.)	Tubing Pressure (Shui-in)		Casing Pressure (Shut-in)	Choke :	Size	
VI. OPERATOR CERTIFIC.	ATE OF COMP	LIANCE	· · · · · · · · · · · · · · · · · · ·			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information			OIL CONSERVATION DIVISION			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			JUI 9 1992			
IMAN IN	-D- mo oviici.		Date Approved		V .VVL	
Allandroka				NIA1 0101	<b>D</b> V	
Signature J. M. Duckworth Operations Manager			By ORIGINAL SIGNED BY			
Printed Name Title			MIKE WILLIAMS Title SUPERVISOR, DISTRICT I			
Date 1/30/9	405/235-361		Title		·····	
/	Telep	phone 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.

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