Submit 5 Copies		lew Mexico	Form C-104 Ch
Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240	Energy, Minerals and Na	-	Revised 1-1-89 See Instructions V at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088		RECEIVED
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		lexico 87504-2088	JUL - 2 1992
I.	REQUEST FOR ALLOWA	BLE AND AUTHORIZATION L AND NATURAL GAS	
Operator		Wel	APINO.
Devon Energy Corpora Address			3001526484
Reason(s) for Filing (Check proper box)	wer, 20 N. Broadway, Okla	ahoma City, OK 73102 Other (Please explain)	
New Well Recompletion	Change in Transporter of:	Change in Operato	or Name Effective
Change in Operator	Oil Dry Gas Casinghead Gas Condensate	July 1, 1992	
If change of operator give name	Hondo Oil & Gas Company,	P. O. Box 2208, Roswel	1, NM 88202
U. DESCRIPTION OF WELL Lease Name		*Unitizatio	n Number: 14-08-001-1157
East Shugart Unit	Well No. Pool Name, Includ 33 Shugart Y	King Formation King Yates, 7R, Qn., Grbg.State	t of Lease Lease No. e, Federal or Fee NM-10191 *
Location Unit LetterK	2380'	South 1680	West
		•	Feet From TheLine
Section 34 Townsh		31E, NMPM,	Eddy County
	NSPORTER OF OIL AND NATU	RAL GAS Address (Give address to which approve	dama dahi dara bar bar b
Texas-New Mexico Pipel	linter Company	P. O. Box 2528, Ho	bbs, NM 88240
Name of Authorized Transporter of Casia NONE - TSTM	ughead Gas or Dry Gas	Address (Give address to which approve	d copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 35 188 31E	Is gas actually connected? Whe NO	n ?
if this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming.		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'y Diff Res'y
Designate Type of Completion Date Spudded	Date Compl. Ready to Prod.		i i
·		Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		<u> </u>	Depth Casing Shoe
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUE OIL WELL (Test must be after		he could be an an and the state of the state	
Date First New Oil Run To Tank	covery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date of Test Producing Method (Flow, pump, gas lift, etc.)		elc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 7-24-92
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	1 00
		Waler - Dola	Gas-MCF BAg OT
GAS WELL Actual Prod. Test - MCF/D	Length of Test		
		Bbls. Condensate/MMCF	Gravity of Condensate
esting Method (pilot, back pr.)	Tubing Pressure (Shui-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE		
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 9 1992
Allahumut			GNED BY
Signature J. M. Duckworth Operations Manager		By ORIGINAL SIGNED BY MIKE WILLIAMS	
Printed Name GB0/92 405/235-3611 Title Talashare Na		TitleSUPERVISOR, DISTRICT I	
000110	405/235-3611		

This form is to be filed in compliance with Rule 1104

 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.
 Separate Form C-104 must be filed for each pool in multiply completed wells.