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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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Devon Energy Corporation (Nevada)	Well API No. 30-015-27430
Address 20 North Broadway Suite 1500 Oklahoma City, OK 73102	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Shugart Unit	Well No. 39	Pool Name, Including Formation Shugart Y-SR-A-E	Kind of Lease State, Federal or Fee	Lease No. NM 10193
Location Unit Letter P : 990 Feet From The south Line and 990 Feet From The east Line Section 34 Township T18S Range R31E NMPM Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas - New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) 205 East Bender Blvd Hobbs, NM 88241					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 35	Twp. 18S	Rge. 31E	Is gas actually connected? NA	When? NA

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-17-93	Date Compl. Ready to Prod. 7-31-93	Total Depth 4400'	P.B.T.D. 4346'					
Elevations (DF, RKB, RT, GR, etc.) 3619'	Name of Producing Formation Queen Sand	Top Oil/Gas Pay Queen Sand	Tubing Depth 3954'					
Perforations 3398' - 3850' (100 perfs. 0.52" diameter)		Depth Casing Shoe 4400'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8", 24#, J-55		985'		480 SX Post TD-2			
7 7/8"	5 1/2", 15.5#, J-55		4400'		1020 SX 11-5-93			
					Camp + BK			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery 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 First New Oil Run To Tank 7-31-93	Date of Test 9-15-93	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 72	Water - Bbls. 150	Gas - MCF 0

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE 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
is true and complete to the best of my knowledge and belief.

Debby O'Donnell
Signature
Debby O'Donnell Engineering Tech.
Printed Name
9-29-93 (405) 552-4511
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 6 1993
By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.