Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	State of N Energy, Minerals and Nat	ew Mexico ural Resources D atment	Form C-104 Revised 1-1-39 See Instructions
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVA	TION DIVISION	at Bottom of Page V RECEIVED
DISTRICT III		exico 87504-2088	111 - × 1992
1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQUEST FOR ALLOWAR		
Operator	/	AND NATURAL GAS	II API No.
Devon Energy Corporat Address			3001521201
1500 Mid-America Towe Reason(s) for Filing (Check proper box)	r, 20 N. Broadway, Oklah	Other (Please explain)	<u> </u>
New Well	Change in Transporter of: Oil Dry Gas	Change in Operat	or Name Effective
Change in Operator X	Casinghead Gas Condensate	July 1, 1992	
and address of previous operator <u>HONO</u>	0 Oil & Gas Co., P. O. B	ox 2208, Roswell, NM	88202
II. DESCRIPTION OF WELL Lease Name	AND LEASE Well No. Pool Name, Includi	ing Formation Ki	nd of Lease Lease No
State BQ Com	1 Avalon Mo		ad of Lease Lease No. Le. Federal or Fee K-5261
Unit LetterF	_ : 1980 Feet From The	North Line and 1980	Feet From TheWestLine
Section 9 Townshi			
	SPORTER OF OIL AND NATU	, 19911 191,	Eddy County
Name of Authorized Transporter of Oil	or Condensate	RAL GAS Acdress (Give address to which appro	ved copy of this form is to be sen!)
Koch Oil Co.		P. O. Box 1558, Bred	ckenridge, TX 76024
Name of Authorized Transporter of Casin Natural Gas Services	ghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	1 1 1 1	P. O. Box 189, Hobbs, NM 88241 Is gas actually connected? When ?	
If this production is commingled with that	F 9 21S 26E from any other lease or pool, give commingl	ling order number:	8/3/91
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepe	
Designate Type of Completion	- (X)	New Well Workover Deeper	a Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OlVGas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING AND	CEMENTING DECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES	ST FOR ALLOWABLE		
OIL WELL (Test must be after r	ecovery 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	Date of Test	Producing Method (Flow, pump, gas lig	(1, elc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size 7-17-92
Actual Prod. During Test	Oil - Bbls.	Waler - Bols.	Gas-MCF & JA &
GAS WELL	<u> </u>	,	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)	Casing Pressure (Shut-in)	Choke Size
		l	
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and	ations of the Oil Conservation that the information given above	OIL CONSER	VATION DIVISION
is true and complete to the best of any knowledge and belief.		Date Approved 10 1992	
Signature Signature	By		CNED BY
J. M. Duckworth Printed Name	Operations Manager Tide	nager Mike with tame	
Date 4/30/91	405/235-3611 Telephone No.	Due <u>Sereriador</u>	UN: NUL II
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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.
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.