Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

KECEIVED

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWARI F AND AUTHORIZATION

1111 - 2 1992

I.	TO TRANSPORT OIL AND NATURAL GAS									
Operator			/	- / 11 (2)   (1)	Well API No.					
Devon Energy Corporati	30-015-2223900s1									
Address										
1500 Mid-America Tower Reason(s) for Filing (Check proper box)	<u>:, 20 N.</u>	. Broad	lway, Oklah							
New Well		~			ther (Please expla	iin)				
Recompletion	Oil		Transporter of:	С	hange in (	Operator	Name 1	Effectiv	·e	
Change in Operator	Casinghead		Dry Gas	Jı	ıly 1, 199	2				
If change of operator nive name										
and address of previous operator Hondo	) Oil &	Gas Co	)., P. O. E	ox 2208	3, Roswell	, NM 8	8202			
II. DESCRIPTION OF WELL.	AND LEA	SE								
Lease Name			Pool Name, Includ	ing Formation Vi-4			of Lease No.			
Pecos Federal Gas Com				-			Federal or Fee			
Location					crawn gas			NM051	.4/3	
Unit Letter I	. 19	980	Feet From The	outh .	660		_	East	ļ	
	• •		reet From The	<u></u>	ine and	Fe	et From The		Line	
Section 32 Township	, 209	3	Range 27E	. 1	NMPM.		Eddy		Country	
•					······································	***************************************		· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRAN	SPORTE	or Condens	L AND NATU	RAL GAS	S					
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Koch Oil Co.	P. O. Box 1558, Breckenridge, TX 76					024				
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natural Gas					4001 Penbrook, Odessa, TX 79762					
ve location of tanks			•	Is gas actua	lly connected?	When				
If this production is commingled with that f	I I	32	20S 27E	<u> </u>	Yes		3/15/91			
IV. COMPLETION DATA	ioin any othe	riease or p	ool, give comming!	ing order nur	nber:					
	<del></del>	Oil Well	- C 37/-11	1					•	
Designate Type of Completion -	· (X)	JOH WEIL	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to		Prod.	Total Depth			DDTD			
							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Death			
•							Tubing Depth			
Perforations								Depth Casing Shoe		
								. Б отто	1	
TUBING, CASING AND					ING RECORT	<u> </u>	!			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				DEF IN SET			SACKS CEMENT			
			······································		· · · · · · · · · · · · · · · · · · ·					
				<del></del>				<del></del>		
,				<u> </u>						
V. TEST DATA AND REQUES					<del></del>			<del></del>		
OIL WELL (Test must be after re	covery of tou	al volume o	fload oil and must	be equal to a	or exceed top allo	wable for this	depih or be	for full 24 how	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
								Doste	A 10-3	
Length of Test	Tubing Pres	sure		Casing Pres	sure		Choke Size	7	17-92	
								, ,	, , ,	
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF	Cha	01	
				,				0		
GAS WELL							<del>*************************************</del>		\	
Actual Prod. Test - MCF/D Length of Test					nsale/MMCF		Gravity of C	ondensale		
				30333333						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	IANCE	1			<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above										
is true and complete to the best of any knowledge and belief.					Date Approved					
AMM / CX					Date Approved					
All Wenter will										
Signature  J. M. Duckworth Operations Management					By ORIGINAL SIGNED BY					
J./M. Duckworth Operations Manager Printed Name / Title					MIKE WILLIAMS					
4/30/92	Title SUPERVISOR DISTRICT II									
Date		5/235-3 Telep	hone 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.
- 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.