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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUL - 2 1992

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		Sa	ınta F	e, New	Mexico 87	504-2088		O. C. D	,	$^{\wedge}$		
<u>I.</u>	REQ	UEST F	OR A	ALLOW, PORT C	ABLE AND	AUTHOR ATURAL G	IZATIOI SAS	A LEGIN LIE				
Operator Devon Energy Con	Devon Energy Corporation (Nevada)									II API No. 3001526101		
Address 1500 Mid-America Tower, 20 N. Broadway,												
Reason(s) for Filing (Check proper box)						ther (Please exp						
New Well Recompletion Change in Operator	Oil Casinghe	Change in	Dry C	C	1 (-	Operat	or Name Ef	fective			
If change of operator give name and address of previous operator Hor	ndo Oil	. & Gas	Co.	, P. C	. Box 22	08, Roswe	ell, NM	88202				
II. DESCRIPTION OF WELL Lease Name	AND LE		- _[-								
Indian Basin "6" Fede	ding Formatio Basin	n		id of Lease te, Federal or Fee								
Unit Letter G	:24	10	_ Feet 1	From The _	North L	ine and 231	10	Feet From The	East	Line		
Section 6 Township 22S Range 24E , NMPM,								Edo	Eddy County			
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL Al	ND NAT	URAL GAS	5						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be see												
Name of Authorized Transporter of Casinghead Gas or Dry Gas 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 Sec. Twp. Rge.			e. Is gas actua	lly connected?	Wh	When ?					
If this production is commingled with that if IV. COMPLETION DATA	rom any ot	her lease or	pool, g	ive commin	gling order nur	mber:						
Designate Type of Completion	· (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v D	iff Res'v		
Date Spudded	Date Compl. Ready to Prod.				Total Depth		<u></u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	R, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations						<u>.</u>			Depth Casing Shoe			
		TUBING	CASI	NG ANT	CEMENT	ING PECOP	<u> </u>					
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after re												
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo Date First New Oil Run To Tank Date of Test Producing Method (Flow, pu								his depth or be for fi , etc.)	ull 24 hours.) L			
Length of Test	Tubing Pressure				Casing Presi	Casing Pressure			Choke Size Pasked ID-3			
Actual Prod. During Test	Oil Dhia				Water - Bbl				Gas-MCF Co 40 RP			
	Oil - Bbls.			Water - Bott		Gab- IVICE GONG 60						
GAS WELL Actual Prod. Test - MCF/D	11	·										
	Length of Test				Bbis. Conde	Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	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.					OIL CONSERVATION DIVISION Date Approved JUL 1 0 1992							
Signfuire J. M. Duckworth Operations Manager					∥ _B A−	By ORIGINAL SIGNED BY						
Printed Name	Name 06/30/92 405/235-3611 Title					MIKE WILLIAMS Title SUPERVISOR, DISTRICT #						
Date Telephone 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.