

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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JUN 20 '88

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Devon Energy Corporation ✓	
Address 1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Texas American Oil Corporation, 300 West Wall, Suite 400, Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Todd "14" Federal	Well No. 1	Pool Name, including Formation Sand Dunes - Lower Penn	Kind of Lease State, Federal or Fee Federal	NML Lease No. 0533177-A
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>23S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Natural Gas Pipeline Company of America	Address (Give address to which approved copy of this form is to be sent) P. O. Box 236, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rgs.
Is gas actually connected?	When	
Yes	February 26, 1971	

If this production is commingled with that from any other lease or pool, give commingling order number: Post 10-3
6-24-88
Chg ap

NOTE: Complete Parts IV and V on reverse side if necessary.

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

J.M. Duckworth
(Signature)
J.M. Duckworth, District Engineer
(Title)
May 17, 1988
(Date)

OIL CONSERVATION DIVISION

JUN 22 1988

APPROVED _____, 19____
Original Signed By
BY Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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