Submit 5 Copies
Appropriate District Office
DISTRICT I
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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRA	NSP	ORT OI	AND	IATURAL GA	AS				
Operator							Well API No. 3002505019				
Devon Energy Corporation (Nevada) Address								J.		7 	
1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102											
Reason(s) for Filing (Check proper box) Other (Please explain)											
New Well	Change in Transporter of: Change in Operator Name Effective Oil Dry Gas Talkal 1999										
Change in Operator X Casinghead Gas Condensate July 1, 1992											
If change of operator give name and address of previous operator Hondo Oil & Gas Co., P. O. Box 2208, Roswell, NM 88202											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name	Well No. Pool Name, Includi				ing Formation Kin			of Lease No.			
John Shultz	l Gladiola				1 _			Federal or Fee			
Location Unit Letter O	330 South 1650. East										
Feet From The Line and Feet From The Line											
Section 13 Township 12S Range 37E , NMFM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil X or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Amoco Pipeline Co.	201 M	201 Main St., Suite 500, Ft. Worth, TX 76102									
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroleum Co.					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Unit Sec. Twp. Rge			P. O. Box 1589, Tulsa, Is gas actually connected? When							
give location of tanks.	0 1	13	125	37E		Yes		6/16/	84		
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or	pool, giv	ve comming	ling order nu	ımber:					
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New We	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth		1	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations											
						Depth Casing Shoe					
· ·	T	UBING,	CASE	NG AND	CEMEN	TING RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									 		
							~~~				
V. TEST DATA AND REQUES											
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Tes		of load o	oil and must		or exceed top allo Method (Flow, pu			for full 24 how	·s.)	
	2.00				Trometing	medica (2 10#, pi	<i>ι</i> ιφ, gω τητ, ε	16.7		-	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<del></del>	1.:	<del></del>	<del> </del>	1			
Actual Prod. Test - MCF/D	Length of T	est		<del></del>	Bbls Cond	lensate/MMCF		Gravity of C	ondeneste	<del></del>	
					Buls. Coddensate/Mivier			Gravity of Condensate			
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	СОМР	LIAN	ICF	1			1			
I hereby certify that the rules and regulations of the Oil Conservation						OIL CON	ISERV	MOITA	PIVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								JUL (	) <del>9</del> 92	٠	
Im 1 d	mowledge an	a bellet.			Da	te Approved	d		<del> </del>		
Mikamurne											
Signature  J. M. Duckworth Operations Manager					By ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name 20 / 21 Title						<del></del>	TRICT I SU	JP <b>E</b> RVISOR	<b>L</b>		
4/30/92	405/235				Titl	е		······			
Date		Tele	phone N	lo.							

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 accordwith 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.