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

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

Operator

State of New Mexico En , Minerals and Natural Resources Departmen

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

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

7410 F

Devon Energy Corporation (Nevada)

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Andress 1500 Mid America Tow	ver. 20 North	Broadway. (Oklahoma City, Ok	lahoma	73102		ļ	
Reason(s) for Filing (Check proper box)	20 1.01 2.1	22000077	Other (Please explai					
New Well	Change in	Transporter of:						
Recompletion		Dry Gas						
Change in Operator	Casinghead Gas	Condensate						
If change of operator give name	<u> </u>	- 13.						
and address of previous operator								
II. DESCRIPTION OF WELL		Dari Nama Jankati	Totion	Kind of	(Lease	1.0	ase No.	
Lease Name	1	Pool Name, Includi William P			Federal or Fee	K-335		
Cabot State		WIIIIam P	emi			IK 333		
Unit Letter H	: 1980	Feet From TheN	orth Line and 660	Fee	et From The	East	Line	
Section 29 Townshi	p 13S	Range 32E	, NMPM,	Lea			County	
III. DESIGNATION OF TRAN	SPORTER OF OI	L AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	X or Conden		Address (Give address to whi				nt)	
Pride Pipeline Compa	any		P.O. Box 2436, 1			79604		
Name of Authorized Transporter of Casin	ghead Gas	or Dry Gas	Address (Give address to who				nt)	
Warren Petroleum			P.O. Box 1150, Midland, Texas 79702					
If well produces oil or liquids, give location of tanks.		• • •	Is gas actually connected?	When	? Unknown			
	Н 29				UIKHOWH			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or j	pool, give commingi	ing order number:					
IV. COMPLETION DATA	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		[1				i	
Date Spudded	Spudded Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
				1				
Elevations (DF, RKB, RT, GR, etc.)	F, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
Perforations			-		Depth Casing Shoe			
	TURING	CASING AND	CEMENTING RECOR	D	<u>'</u>			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11000 0.00								
					1			
					<u>i</u>			
V. TEST DATA AND REQUE	ST FOR ALLOWA	ABLE				6 11 24 1	,	
		of load oil and musi	be equal to or exceed top allo	wable for thu	s depih or be jo	or full 24 hos	os.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, et		,			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Langui or 100								
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF			
GAS WELL								
Acqual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensale			
esting Method (puot, back pr.) Tubing Pressure (Shut-in)		-in)	Casing Pressure (Shut-in)		Choke Size			
			1		<u> </u>			
VI. OPERATOR CERTIFIC	CATE OF COME	PLIANCE	OILCON	ISERV	ATION I	ופועוכ	NC	
I hereby certify that the rules and regu						J 1 1 1 0 1 1	311	
Division have been complied with and that the information given above is true and complete to the best of my kingwiedge and belief.			ALGO A 1989					
			Date Approved AUGUST A LONG					
Mildrecould			ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Signature			By	PISTRIC! I	JUFER VIDU	'K		
J. M. Duckworth, District Engineer			Administration season of					
Printed Name Title August 2, 1989 (405) 235-3511			Title					
August 2, 1989 Date		ephone No						
Section 1997			LICENSE SERVICE SERVIC	AND THE RESERVE	a pagalon para masa di	designations in and	in the second state of	

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.