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ARTESIA, OFFICESTATE OF NEW MEXICO
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501JUN 07 '88
Form C-104
Revised 10-01-78
Format 08-01-83
Page 1O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/> Casinghead Gas <input checked="" 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 Cabot State	Well No. 1	Pool Name, including Formation William Penn	Kind of Lease State, Federal or Fee State	Lease No. K-3356
Location				
Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>29</u> Township <u>13S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Lantern Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2281, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren <u>pet</u>	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 : <u>H</u> Sec. : <u>29</u> Twp. : <u>13S</u> Rge. : <u>32E</u>
Is gas actually connected?	When : <u>Unknown</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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.


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

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____
BY _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT ENGINEER
TITLE _____

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 filled for each pool in multiply completed wells.