I.

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

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

OIL CONSERVATION DIVIS

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Address 1500 Mid-America Towe				JHT UI				151 11			
1500 Mid-America Towe	Devon Energy Corporation (Nevada) Address							Well API No. 3002505178			
	r, 20	N. Broa	adway,	Oklai	homa City	, OV 7	2102				
Reason(s) for Filing (Check proper box) New Well					Oth	et (Please exp	3102 lain)	*· · · · · · · · · · · · · · · · · · ·		···	
Recompletion		Change i	n Transpo			•	-				
Change in Operator	Oil	<u>_</u>	Dry Gas		J11	ange in ly 1, 19	operato	or Name E	ffectiv	7e	
If change of operator give name	Casingh	ead Gas	Conden	sale 🗌							
If change of operator give name and address of previous operator. Hond.	o Oil	& Gas (Co., P	. O. I	Box 2208,	Roswel	1, NM	38202	······································		
U. DESCRIPTION OF WELL Lease Name	AND LI	EASE		÷,							
B. C. Dickinson "D"		Well No.	Pool Na	me, Includ	ing Formation		Kind	of Lease		ease No.	
Location		4	Den	ton De	vonian			, Federal or Fee	_ '		
Unit Letter F	_ :1	980	Feet Fro	m The	North Line	and198	30 F	eet From The	West	Line	
Section 35 Township	p 14:		Range	37E		ирм,		Lea		County	
II. DESIGNATION OF TRAN	SPORT	ER OF O	II. ANT	Nami	DAI GAG				· · · · · · · · · · · · · · · · · · ·		
Name of Authorized Transporter of Oil		E A Grade	ISILE .	TYALU.	Address (Give	address to	U.L.				
Shell Pipeline Corp./A	O: MTTA	EOTTE	HIGY P	ibé jiűe	h			d copy of this for		ent)	
Name of Authorized Transporter of Casing	ghead Gas	Tite	CHYR,4	1-94	P. U.	BOX 263	8, Hous	ton, TX	77001	······································	
J. L. Davis				ســـ -	211 17	Cal	исп approved	copy of this for	m is to be s	ens)	
If well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually	connected?	do, Mid When	land, TX	79701	····	
	L_	35	1 1/0	370	37			1/25/84			
this production is commingled with that I V. COMPLETION DATA	rom any ol	her lease or	pool, give	commingli	ing order numb	er:		2, 23, 01			
Designate Type of Completion -	. (%)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back S	ame Resiv	Diff Res'v	
Date Spudded								1 1108 240% 3	anic I/es v	Dill Kes v	
·	Date Com	pl. Ready to	Prod.		Total Depth		·	P.B.T.D.		_l	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pa						
					1-7 5.2 5.4 7.47			Tubing Depth			
'erforations				l				D 1 0		·	
								Depth Casing 5	bhoe		
Uot = Time	7	TUBING,	CASINO	J AND (CEMENTIN	G RECORI)	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			E 3	DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUEST	F FOR A	LLOWA	RLE								
IL WELL (Test must be after red	covery of to	etal volume c	et lood oil	and much							
IL WELL (Test must be after recate First New Oil Run To Tank	Date of Te	st romana a	j icaa bii	una musi b	Producing Meth	ceed top allow	vable for this	depih or be for	full 24 hour.	r.)	
				1	reducing incu	оц (г <i>том, рил</i>	ip, gas iyi, ei	c.)			
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
ctual Prod. During Test	During Test Oil - Bbls.				Water - Bbjs.			Gas- MCF			
cital Front During 148t				1							
AC WELL		···				-					
SAS WELL	,									······································	
ctual Prod Test MCE/IS	Length of Test			I	Bbls. Condensate/MMCF			Gravity of Condensate			
ctual Prod. Test - MCF/D	ng Method (pitot, back pr.) Tubing Pressure (Shut-in)							- Substitution			
	Tobles w		n)	7	Casing Pressure (Shut-in)			Choke Size			
	lubing Pres	saire (Shut-L	,				1				
sting Method (pitot, back pr.)			•	i							
sting Method (pitot, back pr.) I. OPERATOR CERTIFICA	TE OF	СОМРІ	IANC	i		1 00:::					
I. OPERATOR CERTIFICA	TE OF	COMPL	IANC	i		L CONS	SERVA	TION DI	VISIOI	٧	
I. OPERATOR CERTIFICA I hereby certify that the rules and regulating Division have been compiled with and the	TE OF	COMPL Dil Conserva	IANC	i		L CON	SERVA	TION DIT.		V	
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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
- 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.