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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, Arlesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TC	TRAN	ISPC	RT OIL	AND NA	TURALG	AS				
Operator								API No.	3002505	200	
Devon Energy Corporation (Nevada)								3002303207			
	00										
1500 Mid-America Tower Reason(s) for Filing (Check proper box)	c, 20 N.	Broad	way,	Oklah			3102				
New Well	CT.				[ Ot	ner (Please expl	lain)				
<del></del>	completion Change in Operator Name Effective										
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	<del></del>		ool Na	me, Includi	ng Formation			Kind of Lease Lease No.			
W. T. Mann "B"	4 Denton Dev							tate, Federal or Fee		C450 110.	
Location											
Unit Letter J : 1980 Feet From The South Line and 2310 Feet From The East Line											
Ad the											
Section 36 Township 14S Range 37E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
NONE - TA'd											
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
NONE If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When?											
give location of tanks.	Unit Sex	c.   1	wp.	Rge.	Is gas actual	ly connected?	When	?			
If this production is commingled with that i	Imm any other le	250 05 00	ol give	000001001	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
IV. COMPLETION DATA	ion any other h	ease or po	oi, give	counting	ing order nun	iber:					
	Ic	il Well	G	s Well	New Well	Workover	D	7) 101-	la n		
Designate Type of Completion	- (X)		1	20 11011	New Hell	HOIKOVEI	Deepen	I Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. R	leady to P	rod.		Total Depth	<del></del>	L	P.B.T.D.	L	┸	
					•			1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
								Turning Doput			
Perforations					\			Depth Casing Shoe			
					•					i i	
	TUF	BING, C	CASIN	G AND	CEMENT	NG RECOR	D	· <del>'</del>			
HOLE SIZE						DEPTH SET		5	SACKS CEMENT		
•											
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re		volume of	load oi	l and musi					for full 24 how	·s.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pr	ump, gas lift, e	tc.)			
Length of Test											
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.				Water - Bbis.						
Actual From During Test								Gas- MCF			
	1		<del></del>		<u> </u>	·		<u> </u>			
GAS WELL									•		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
	·										
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
	<u></u>										
VI. OPERATOR CERTIFIC.				CE		0" 001	10mm17		D. 11 (10 10)		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUL 0 8 '92						
so true and complete to the best of my knowledge and belief.						Approve	d	~~~			
MINI Konglet											
Signatur					∥ ву_		Ori	g, Signed l	b <b>y</b>		
Signature  J/M. Duckworth Operations Manager					"		P	aul Kaut≇	<del></del>		
Printed Name / Title					Title		•	Geologist			
0/30/92	405/2	35-36			1100	~	·				
Date		Teleph	юве №	•							

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.