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

## State of New Mexico Energy, Minerals and Natural Resources Depa. ant

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Devon Energy Corporation    Devon Energy Corporation   3002505222	I	Т	OTRAN	NSPOF	RT OIL	AND NA	TURAL GA	<u>us</u>	<b>5</b> 1 3 1		<del> </del>	
Additional Composition   Com	Operator						Well API No.					
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Change of Oil Transporter	Reason(s) for Filing (Check proper box)					Oth	er (Please expla	iin)				
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Leas Name   Na	and address of previous operator			-	<del></del>							
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Twel produces of value.   Unit   Sec.   Twep.   Rge.   15S   37E   Yes.	Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
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Title production is commingled with that from any other lease or pool, give comminging order number:  V. COMPLETION DATA  Designate Type of Completion - (X)   Oil Well   Oas Well   New Well   Workover   Deepen   Plug Back   Same Rest   Diff Rest   Date Spadded   Date Compl. Ready to Prod.   Total Depth   P.B.T.D.    Elevations (DF, RRB, RT, GR, etc.)   Name of Producing Formation   Top Oil/Gas Pay   Tubing Depth    Perforations   Depth Casing Shoe    TUBING, CASING AND CEMENTING RECORD   HOLE SIZE   CASING & TUBING SIZE   DEPTH SET   SACKS CEMENT    For the same the difference of the same that the	If well produces oil or liquids,				-			1 44160		-06-54		
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Designate Type of Completion - (X)  Date Spadded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  DIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given above its rune and complete to the best of my knowledge and belief.  Title	IV COMPLETION DATA	tom any oute	a rease or po	g. vc c	~usumg.					<del></del>		
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GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Festing Method (piuot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  W. E. Wince, Jr. 405-552-4606  Printed Name  11-23-93 Contract Administrator  Title  Title  Title  Title  Title	Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
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I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  DEC 08 1993  Date Approved  DEC 08 1993  Date Approved  DEC 08 1993  Date Approved  DIFFIGURE BY P. KAUTZ  By  GEOL  Title  Title  Title  Title  Title  Title	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
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Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  DEC 0 8 1993  Date Approved  DIFFIGURE BY P. KAUTZ  By  GEOL  Title  Title  Title  Title  Title  Title  Title  Title	VI. OPERATOR CERTIFICATE OF CONTELIANCE						OIL CONSERVATION DIVISION					
Signature  W. F. Wince, Jr. 405-552-4606  Printed Name  11-23-93 Contract Administrator  Title	Division have been complied with and that the information given above					DFC 0.8 1993						
Signature  W. F. Wince, Jr. 405-552-4606  Printed Name  11-23-93 Contract Administrator  Title  Title  Title  Title	is true and complete to the best of my knowledge and belief.					Date	Approve	d				
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W.F. Wince, Jr. 405-552-4606  Printed Name  11-23-93 Contract Administrator  Title  Title  Title	Simon					∥ By_		GEOL	I KAUI	<del></del>		
11-23-93 Contract Administrator	W.E. Wince, Jr. 405-552-4606											
Telephone No. 11	Printed Name					Title						
Date letephone No.		CL AQII	Telep	rator Phone No.								

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.