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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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Devon Energy Corporation (Nevada)	Well API No. 30-025-05229
Address 20 N. Broadway, Suite 1500, OKC, OK 73102-8260	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Re-entered P&A well	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "T"	Well No. 4	Pool Name, including Formation Denton Devonian	Kind of Lease State, Federal or Fee	Lease No. B-9774
Location Unit Letter M : 660 Feet From The south Line and 660 Feet From The west Line Section 2 Township 15S Range 37E, NMPM, Lea 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"/> Shell Pipeline Corp./Oil Accounting Secretary	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648, Houston, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> J.L. Davis	Address (Give address to which approved copy of this form is to be sent) 211 N. Colorado, Midland, TX 79701					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 2	Twp. 15S	Rge. 37E	Is gas actually connected? yes	When ? 09-23-93

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

IV. COMPLETION DATA

Designate Type of Completion - (X) x	Oil Well x	Gas Well	New Well	Workover re-entry	Deepen	Plug Back	Same Res'v X	Diff Res'v
Date Spudded 08-31-93	Date Compl. Ready to Prod. 09-22-93		Total Depth 12,400' originally			P.B.T.D. 12,224'		
Elevations (DF, PKB, RT, GR, etc.) DF 3807', GL 3798'	Name of Producing Formation Devonian		Top Oil/Gas Pay 11,661'			Tubing Depth 9408'		
Perforations 11,667-12,204'						Depth Casing Shoe 12,400'		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	327'	325
12 1/4"	9 5/8"	4663'	3000
8 3/4"	7"	12,400'	1065

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL 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 09-22-93	Date of Test 10-08-93	Producing Method (Flow, pump, gas lift, etc.) pumping w/ESP	
Length of Test 24 hrs	Tubing Pressure 70	Casing Pressure 70	Choke Size
Actual Prod. During Test 49 BO	Oil - Bbls. 49	Water - Bbls. 1425	Gas - MCF 40

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above
is true and complete to the best of my knowledge and belief.

E. L. Buttross
Signature
E.L. Buttross, District Engineer
Printed Name
10-28-93 /cg (405) 235-3611
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 05 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.

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