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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico ergy, Minerals and Natural Resources Departs

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

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

## OIL CONSERVATION DIVISION

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

Operator Operator								Well API No.				
Devon Energy Corporation								3002505231				
Address 20 N. Broadway,			Oklah	noma	City,	OK 73	3102-82	260				
Reason(s) for Filing (Check proper box)					Oth	er (Piease expla	in)					
New Well		Change in T		of:	(lh a		0 ÷ 1 m-		h a			
Recompletion	Oil		Dry Gas		Clia	nge in	OII T	ranspor	ter			
Change in Operator	Casinghead	Gas	Condensate	<u> </u>		<u> </u>			, <u></u>			
and address of previous operator	ANDIEA	er.	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>						
I. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Includi					ng Formation			Kind of Lease		Lease No.		
State "T" 6 Denton Wo					-		State,	State, Federal or Fee		74		
Location	221	^ -	_			. 2310	· _		West	<u>.</u> .		
						rth Line and 2310 Feet From The Wes				Line		
Section 2 Towns	15 15	S I	Range	37E	V , N	MPM,	]	Lea		County		
III. DESIGNATION OF TRA	NSPORTE	OFQU	AND I	NATU	RAL GAS							
Name of Authorized Transporter of Oil	K7771					e address to wh						
EOTT OIL PIPELIN			or Dry Gar		Address (City	ox 4666	HODDS	Compact this for	//210-	4666		
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas J.L. DAVIS						. Colora		copy of this form is to be sent) idland TX 79701				
If well produces oil or liquids,	Unit	Sec.   7	Гwp.	Rge.	Is gas actually connected? Whe							
give location of tanks.	M	2		37E	Yes			02-0	6-54			
If this production is commingled with that V. COMPLETION DATA	t from any othe	r lease or po	ool, give c	ommingl	ing order num	ber:	<del></del>	<del> </del>		<del> </del>		
Designate Type of Completion	n - (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
e Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
TUBING, CASING AND					CEMENTI		D	·				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
		<del></del>										
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE			مالم حمد المسملاء	akla fan shi	a dansk on ka fa	r 6.11 24 have	1 \		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test		load ou a	ind must		ethod (Flow, pu			T jui 24 nou	3.)		
Length of Test	Tubing Pressure				Casing Press.	ire	<u>-</u>	Choke Size				
				Water - Bbis			Gas- MCF					
Actual Prod. During Test	Oil - Bbls.				VIACI - DUIS							
GAS WELL												
Actual Prod. Test - MCF/D	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				
VL OPERATOR CERTIFIC	CATE OF	COMPL	IANC	<u>:</u> - Е			0000	ATION	W//C/C			
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.					Date Approved DEC 08 1993							
6					Date					<del></del>		
ACK/					D	By ORIGINAL SIGHED BY P. KAUTZ						
Signature W.E. Wince Ir. Gas Contract Administ					H GECH.							
W.E. Wince, Ir. (	as Con		ACITIL!	TEL	Title							
11-23-93 Date	(4)	)5) - 55 Teleph	2-46 hone No.	06_								

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.