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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 Deparement

OIL CONSERVATION DIVISION

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

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

Ommior.		TOTRA	<u>USP(</u>	ORT OI	<u>L AND NA</u>	TURALG	AS				
Well API No.											_
Devon Energy Corporation (Nevada) 3002505233 Address											
1500 Mid-America Towe Reason(s) for Filing (Check proper box)	er, 20 N	1. Broad	way,	Oklai			3102				
New Well		~ · ~		_	Oth	ner (Please exp	lain)				
Recompletion	Change in Transporter of: Change in Operator Name Effective										
Change in Operator	Casinghe:	_	Ony Ga Conden			uly 1, 19					
If change of operator give name and address of previous operator Hono					3ox 2208	, Roswell	l, NM	88202			
II. DESCRIPTION OF WELL Lease Name		ASE		;,						<del></del>	_
State T		Well No. Pool Name, Include 8 Denton				ing Formation Kine			1 of Lease No.		
Location		<u> </u>		enton	Wolfcamp State			Federal or Fee B-9774			
Unit Letter M	:	990 I	Feet Fr	om The	South Lin	e and99	90	Feet From The	West	Line	
Section 2 Townsh	ip 15	_	Range			мрм,		ea		County	
III. DESIGNATION OF TRAI	NSPORTE	R OF OIL	ANI	D NATU						County	
Name of Authorized Transporter of Oil	X	or Condensa	ue		Address (Giv	re address to wi	hich approve	d copy of this	form is to be	seni)	_
Shell Pipeline Corp./	ATTN:0i	l Acctq	. Se	ction	1					,	
Name of Authorized Transporter of Casir	P. O. BOX 2648, HOUSTON, TX 77001  Address (Give address to which approved copy of this form is to be sent)										
J. L. Davis	<del></del>				211 N.	Colorad	lo, Mid	land, TX	79701		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.			Rge.	Is gas actually connected?			When 7			
<u> </u>	M		L5 <u>s</u>	37E	Yes			2/6/54			
If this production is commingled with that IV. COMPLETION DATA	from any oth	ier lease or po	ol, give	e comming	ling order num	ber:					_
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	_
Date Spudded	Date Com	ol. Ready to P	rod.	<del></del>	Total Depth	I		P.B.T.D.	ł		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations					<u> </u>						
								Depth Casin	g Shoe		
		TIRING C	A CIN	IC AND	CE) (E) Im	IG BEGGE			<u> </u>		_
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE								T		
	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	· <del> </del>	· · · · · · · · · · · · · · · · · · ·									_
	<del></del>			<del></del>						<del></del>	_
				<del></del>	<del> </del>			<del></del>		<del></del>	
V. TEST DATA AND REQUE	ST FOR A	LLOWAI	BLE		L						
OIL WELL (Test must be after the				il and must	be equal to or	exceed ion allo	ounhle for th	ie death ar he i	for Gull 2d hav	1	
Date First New Oil Run To Tank	Date of Te	<b>4</b>			Producing Me	thod (Flow, pu	mp, gas lift,	etc.)	or just 24 710	23.)	
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL		<del></del>							<del></del>	<del></del>	
Actual Prod. Test - MCF/D	Length of	Cest .		<del></del>	Bbis. Condens	T. Advor			<del></del>		_
-	20080.01				Bois, Condens	ale/MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI OPERATOR CERTIFIC	A TITL OT	CC1 CT	7 4 3 -								
VI. OPERATOR CERTIFIC	ATE OF	COMPL.	LAN	CE			CEDV	ATION	211/1010	781	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					JUL 0 9 '92						
MOD DA					Date	Approved	d b				
All Kamburnut	<del></del>				D						
Signature J./M. Duckworth	ByORIGINAL SIGNED BY JERRY SEXTON										
Printed Name / / Title					DISTRICT I SUPPRVISOR						
6/30/92	405	/235-36]			Title_						_
Date		Telepho									

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.

RECEIVED

JUL 0 6 1992

OCD HOBBS OFFICE