

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |   |  |
|---|---|--|
| Operator<br>Devon Energy Corporation (Nevada)                             |   | Well API No.<br>300250530900                                 |
| Address<br>20 N. Broadway, Suite 1500, Oklahoma City, Oklahoma 73102-8260 |   |  |
| Reason(s) for Filing (Check proper box)                                   |   | <input checked="" type="checkbox"/> Other (Please explain)   |
| New Well <input type="checkbox"/>   | Change in Transporter of:   | REQUEST AUTHORITY TO SELL 354 BBLS.<br>SKIM OIL - APRIL 1993 |
| Recompletion <input type="checkbox"/>                                     | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |  |
| Change in Operator <input type="checkbox"/>                               | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  |
| If change of operator give name and address of previous operator          |   |  |

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |   |           |
|--|---------------|--|---|-----------|
| Lease Name<br>Denton SWD   | Well No.<br>1 | Pool Name, Including Formation<br>Denton (Devonian & WC) | Kind of Lease<br><del>Standard</del> <del>Leasehold</del> Fee | Lease No. |
| Location<br>Unit Letter <u>D</u> : <u>660</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>North</u> Line<br>Section <u>13</u> Township <u>15S</u> Range <u>37E</u> , 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"/><br>Koch Oil Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1588, Breckenridge, TX 76024 |            |            |            |                                  |        |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                        | Address (Give address to which approved copy of this form is to be sent)  |            |            |            |                                  |        |
| If well produces oil or liquids, give location of tanks.   | Unit<br>13  | Sec.<br>15 | Twp.<br>37 | Rge.<br>37 | Is gas actually connected?<br>No | When ? |

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)  | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'v | Diff Res'v |
| Date 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 CEMENTING RECORD |                             |          |                 |          |        |                   |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          |        | SACKS CEMENT      |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |
|                                     |                             |          |                 |          |        |                   |            |            |

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.)

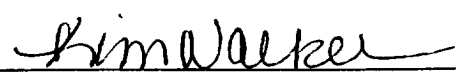
|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas- MCF   |

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.

  
Signature  
Kim Walker, Production Analyst  
Printed Name  
May 12, 1993  
Date  
(405) 235-3611  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved May 12 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title \_\_\_\_\_

RECEIVED

MAY 14 1993

OCD HOBBS OFFICE

---