Submit 5 C-roies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico En, Minerals and Natural Resources Departmen

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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Decretor Devon Energy Corporation (Nevada)								Well API No. 300250530900			
Address 20 N. Broadway, Suite	1500,	0k1ah	ioma	City,	Oklahoma	73102-8	260			· · · · · · · · · · · · · · · · · · ·	
Reason(s) for Filing (Check proper box)						er (Please expl					
							•	TO SELI	r. 354 BB	t.s.	
Recompletion	Oil Dry Gas					REQUEST AUTHORITY TO SELL 354 BBLS. SKIM OIL - APRIL 1993					
Change in Operator	Casinghead	i Gas 🔲	Conde	nsate 🗌							
change of operator give name address of previous operator											
II. DESCRIPTION OF WELL	AND LEA		T				1				
Lease Name Denton SWD	Well No. Pool Name, Included Denton				ing Formation (Devonian & WC)			Kind of Lease SMAXHAKINAT Fee		ease No.	
Location	٠	· •	.!		•				37		
Unit LetterD	:	60	. Feet Fr	rom The	Vest Lin	e and	660 F	eet From The	North	Lin	
Section 13 Township	15S		Range	3	7E , N	мрм,		I	-ea	County	
II. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATU							
Name of Authorized Transporter of Oil or Condensate Koch Oil Company						Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Breckenridge, TX 76024					
Name of Authorized Transporter of Casing	nead Gas		or Dry	Gas	·	e address to w					
f well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actually connected? Who			n ?			
ive location of tanks.		13	15	37	N gas actual	•	1	•			
this production is commingled with that fr V. COMPLETION DATA	om any othe	r lease or	pool, giv	ve comming	ing order num	ber:	·				
	~	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	Date Compl	i. Ready to	Prod.		Total Depth	<u> </u>	l	P.B.T.D.	<u></u>	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casis	ng Shoe		
					CEMENTING RECORD						
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
							<u> </u>				
TEST DATA AND REQUEST				-:1 4			ahla fan sh	is domit on bo	for full 24 hour)	
OIL WELL (Test must be after reconstant New Oil Run To Tank	Date of Test		oj ioaa i	ou ana musi		ethod (Flow, pu			jor juli 24 now	3.)	
ength of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
	Tubing Pressure										
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	NCE	1		1055	ATION	רוא מיכי		
I hereby certify that the rules and regular	tions of the	Oil Conser	vation		(DIL CON					
Division have been complied with and the is true and complete to the best of my kn	hat the infor	mation give		•	Date	Approve	d	•		1935	
Limbalk		_									
Signature Kim Walker, Production Analyst					By Original Sense by Jephy Station						
Printed Name			Title		Title	2.0	removed to select				
May 12, 1993 Date	(40	(5) 23! Tele	5-361 phone h								

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

OCD HOBBS OFFICE