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DISTRICT I
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State of New Mexico y, Minerals and Natural Resources Departme

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

P.O. Box 2088

OIL CONSERVATION DIVISION Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWARI F AND ALITHORIZATION

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I.						ATURAL G			sid?	rut for	
Operator Devon Energy Corpo								API No. 300250	530900	they de	
Address 20 N. Broadway, St	ite 1500,	0klah	oma	City,	0klahoma	3 73102 - 8	3260				
Reason(s) for Filing (Check proper b	ox)				X Ot	her (Please exp	lain)				
New Well		Change in	Transp	orter of:		Request	author	ity to s	sell 351	bbls.	
Recompletion	Oil		Dry G	as 📙		skim oi	.1 - Jun	e 1992			
Change in Operator	Casinghea	id Gas	Conde	nsate							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WE	LL AND LE		D-al N	Jama Ingled	ing Francisco		V:- 4	of1			
Denton SWDS		Well No.			ing Formation (Devonia	in & WC)		of Lease XHAZEHOXOF FO		Lease No.	
Location Unit Letter D	. 6	660	Ense E	rom The	West	ne and	660	eet From The	North	ı ,,,,	
1.2	nship 158				76		r	_	 Lea	Line	
	шыпр		Range			IMPM,		· · · · · · · · · · · · · · · · · · ·		County	
III. DESIGNATION OF TR				D NATU			** 1				
Name of Authorized Transporter of C Koch Oil Company	" X	or Conden	sale			we address to w Box 158					
Name of Authorized Transporter of C	asinghead Gas		or Dry	Gas	Address (Gi	ve address to w	hich approved	d copy of this	form is to be s	tent)	
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec. Twp. Rge. Is gas actually connected?						/hen ?			
If this production is commingled with IV. COMPLETION DATA	that from any oth	er lease or p	pool, gi	ve comming	ling order nur	nber:		······································			
Designate Type of Complete	ion - (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth	<u> 1</u>	_!	P.B.T.D.	<u></u>	1	
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations					.]			Depth Casing Shoe			
	Ť	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D D			-	
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								-			
V. TEST DATA AND REQU	JEST FOR A			oil and must	he equal to or	r exceed top all	oughle for thi	is death on he	for full 24 hou	~	
Date First New Oil Run To Tank	Date of Tes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,		ethod (Flow, pa			jor jazi 24 nos	w 3. <i>j</i>	
Length of Test	Tubing Pres	Tubing Pressure				ure	··	Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	ļ .				1						
Actual Prod. Test - MCF/D	Length of I	Length of Test				new/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	ICATE OF	COMPI	LIAN	ICE			ICEDY	ATION	רואים ביים ביים ביים ביים ביים ביים ביים ב		
I hereby certify that the rules and rules and rules are Division have been complied with a	and that the inform	mation gives		:	$\ $	OIL CON	NOEKV				
is true and complete to the best of t	ny knowledge an	d belief.			Date	Approve	d	<u> </u>	P 23 '92		
Signature Walk	el				Bv_	<u>. Cartificae). 1</u> C eig	<u>Statille (</u> 2)	<u> </u>	MOTIL		
Signature Kim Walker, Prod Printed Name		•	Title		11						
9/16/92 Date	(40	5) 235-	-361		Inte						

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.

Telephone No.

- 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.

SEP 1 8 1992 SCO KOSS OFFICE