Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico tergy, Minerals and Natural Resources Depart at

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

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	REQUEST	FOR ALL	OWAE	BLE AND .	AUTHORI TURAL G.	ZATION AS				
Openior Devon Energy Corpor	Well API No. 3002505309									
Address 1500 Mid-America Tot Reason(s) for Filing (Check proper bo.	wer, 20 N. Br	oadway,	Oklah	noma City	7, OK 73	3102				
New Well	Chang Oil Casinghead Gas	ge in Transporte Dry Gas Condensa		Ch Ju	ly 1, 19	Operato 92	or Name E	Effectiv	·e	
If change of operator give name and address of previous operator HOI		Co., P.	О. В	ox 2208,	Roswell	, NM	88202			
II. DESCRIPTION OF WELL Lease Name		No. Pool Nam	e Includi	ing Formation						
Denton SWDS	1	Well No. Pool Name, Including Formation 1 Denton (Dev. & V					of Lease, Federal or Fe		.ease No.	
Unit LetterD	:660	Feet From	n The	North Lin	e and6	60F	Feet From The	West	Line	
Section 13 Town	nship 15S	Range	3	7E , NI	мрм,	Lea			County	
III. DESIGNATION OF TRA	ANSPORTER OF	OIL AND	NATE	DAI CAC						
Transporter/purchase Koch Oil Co.	er f or skim o	- dameata		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX 76024						
Name of Authorized Transporter of Ca NONE	singhead Gas	or Dry Ga	15	Address (Give	e address to wh	uch approve	d copy of this fo	orm is to be se	int)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.		Is gas actually		When	1 7		· · · · · · · · · · · · · · · · · · ·	
If this production is commingled with the IV. COMPLETION DATA	hat from any other lease	or pool, give o	commingli	ing order numb	œr:					
Designate Type of Completic	on - (X)	Yell Gas	Well	New Weil	Workover	Deepen	Plug Back	Same Res'v	Dist Res'v	
Date Spudded	Date Compl. Read	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Name of Producing Formation			'ay	· · · · · · · · · · · · · · · · · · ·	Tubing Depth			
Perforations					Depth Casing Shoe					
	TIDIN	C CLEDIO				T 1001	<u> </u>			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				NG RECORI DEPTH SET	D	T	SACKS CEMENT		
V. TEST DATA AND REQU										
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	me of load oil a	and must l	be equal to or or Producing Met	exceed top allowhood (Flow, pius	wable for thi np, gas lift, e	s depth or be fo	er full 24 hour	5.)	
Length of Test	Tubing Pressure			Casing Pressur	e		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
CACTUELL						······································				
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Length of Test			ate/MMCF		Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (S	Tubing Pressure (Shut-in)			e (Shut-in)		Choke Size			
VI. OPERATOR CERTIFI	CATE OF COM	IPLIANC!	E				1			
I hereby certify that the rules and reg Division have been complied with an	gulations of the Oil Con. In that the information of	servation		C	IL CON	SERVA	ATION E	IVISIO	Ν	
is true and complete to the best of my knowledge and belief.				Date	Approved		JUL 09	'92		
Signature J. M. Duckworth Printed Name	Operati	ons Mana	ıger	1	ORIGINAL S	IGNED BY	JERRY SE) Parvisor	(TON		
Date 4/30/92	405/235 T	-3611 elephone No.		Title_						
INSTRUCTIONS, This ca					www.attickers	THE WILLIAM STATES	- 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		120111	

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.

Submit 5 Copies
Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		O THA	NSP	OHI OI	L AND NA	TURAL G		***				
Hondo Oil & Gas Company								API No. 3002505	PI No. 300250530900			
Address P. O. Box 2208	Roswa	11 No.	v. Mo	viao	88202-22	000	· · · · · · · · · · · · · · · · · · ·			·		
Reason(s) for Filing (Check proper box)	, Koswe	II, NE	W PIE	XICO		er (Please expl	ain)			····		
New Well	(Change in .	Тгаперс	orter of:		•	-					
Recompletion Oil Dry Gas Request authority to sell 883 bbls								obls.				
Change in Operator If change of operator give name	Casinghead	Gas	Conden	isalo 📗		skim oil	- May	1992.				
and address of previous operator				·								
II. DESCRIPTION OF WELL												
Lease Name Denton SWD	SWD Well No. Pool Name, Include 1 Dentor						of Lease X Kon King Fe	of Lease Lease No.				
Location							l					
Unit LetterD	_ :6	60	Feel Fr	om The	lest Lin	e and660	' I	eet From The	North	Line		
Section 13 Township	, 15s		Range	37	E .N	мрм,			Lea	County		
III. DESIGNATION OF TRAN	SDODTED	ייי אר	f ant	T) NIAMET			· · · · · · · · · · · · · · · · · · ·	- 		County		
Name of Authorized Transporter of Oil	(XX)	or Condens	ale	DIAIO	Address (Give address to which approved copy of this form is to be sent)							
Koch Oil Compa	ıny					Box 155						
Name of Authorized Transporter of Casing	head Gas		or Dry	Gas	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 S		Twp.		ls gas actually connected? When?							
If this production is commingled with that i	rom any other		15	37	No			·				
IV. COMPLETION DATA					ing order nume	ær.			···			
Designate Type of Completion	· (X)	Oil Well	C	325 Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compt.	Ready to I	Prod,		Total Depth			P.B.T.D.	<u> </u>	<u></u>		
Elevations (DF, RKB, RT, GR, etc.)	RT, GR, etc.) Name of Producing Formation				Top OlVGas Pay							
						-,		Tubing Dep	Tubing Depth			
Perforations								Depth Casin	g Shoe			
	TT	IBING. C	'ASIN	NG AND	CEMENTIN	JC DECODI	<u> </u>	<u>.l</u>				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			IZE	CEMERTIN	DEPTH SET	<u> </u>	1 .	SACKS CEMENT				
								·	Croito dell'ent			
					<u> </u>		···-					
V. TEST DATA AND REQUES					L.,,,	·····		<u>, l., </u>				
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total	I volume of	load o	il and must	be equal to or	exceed top allow	wable for thi	is depth or be j	or full 24 how	3.)		
Date Firm New Oil Kun to lank	Date of Test				Producing Me	thod (Flow, pur	np, gas lift, i	elc.)				
Length of Test	Tubing Press	Jis Silv			Casing Pressur	ге		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.			-								
torner tion puting tool				Water - Bbls.			Gas- MCF					
GAS WELL		····										
Actual Prod. Test - MCF/D	Length of Ter	5 L	······································		Bbls. Condens	ale/MMCF		Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
	THAIRR LIESTING (20M-ID)			Casing Pressure (Snut-in)			Choke 212e					
VI. OPERATOR CERTIFICA	TE OF	COMPL	IAN	CE								
I hereby certify that the rules and regular	lons of the Oi	Conservat	don			IL CON	SERV	ATION I	DIVISIO	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.												
Ko. 1	/ /]				Date	Approved				"		
-//wya Xe	Jes	ine	<u> </u>		D.							
Signature Karla LeJeune Regulatory Secretary				By S. TINAL SIGNED BY JEETS SECTION OF								
Printed Name		T	ille	······································	Title_		wit (AU)	Els VI, OR				
06 /17/92 (505 Date)625-674	+5 Teleph	one No	 .								
				1	1							

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.

Submit 5 Copies
Appropriate District Office
DISTRICT! P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OLL 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 Ŧ TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Hondo Oil & Gas Company 300250530900 Address P. O. Box 2208, Roswell, New Mexico 88202-2208 Reason(s) for Filing (Check proper box)
New Well X Other (Please explain) Change in Transporter of: Request authority to sell 347 bbls. skim oil - April 1992 Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate if change of operator give name and address of previous operator DESCRIPTION OF WELL AND LEASE Lease Name Pool Name, Including Formation
Denton (Devonian & WC) Well No. Kind of Lease XXXX KonXXXX Fee Lease No. Denton SWD Location Feet From The West 660 Unit Letter _ 660. North Line and Feet From The Line 13 Township 15S 37E Range Lea NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Koch Oil Company or Condensate P O. Box 1558, Breckenridge, TX 76024 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas If well produces oil or liquids, give location of tanks. Unit Sec. Twp. | 15 Rge. 37 is gas actually connected? When? 13 No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'y Designate Type of Completion - (X) Diff Res'y 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls Water - Bbla Gas- MCF **GAS WELL** Actual 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 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.

un Signature Karla LeJeune Regul etary

06 / 09/92 <u>(505)625-6745</u> Date

Telephone No.

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.

Title_

OIL CONSERVATION DIVISION

Date Approved ______

By 118,445 %, 3,644,56 by 1888 156, 21 8

- 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.