Submit 5 Copies
Appropriate District Office
DISTRICT I
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

I.	REQ	UEST F	OR AI	LLOWA	BLE AND	AUTHOR	ZATION				
Operator	TO TRANSPORT OIL AND NATURAL GAS							Well API No.			
Devon Energy Corporation (Nevada)								3002525570			
1500 Mid-America Tow	er. 20 '	N Bro:	a duan.	01-1-1	h a::						
The soule of the same (Check proper box)	227 20	N. BLO	auway	, OKIA	noma Cit	y, OK 7. her (Please expl	3102				
New Well		Change in	п Тгапаро	orter of:		="		r Name Ef	r		
Recompletion Change in Operator	Oil		Dry Ga			uly 1, 19		r Name Er	lective		
If change of operator give name	Casinghe		Conden					· · · · · · · · · · · · · · · · · · ·			
and address of previous operator HONG			Co., I	P. O. I	Box 2208	, Roswel	L, NM 8	38202			
II. DESCRIPTION OF WELL Lease Name	AND LE			ŧ,					 		
State T		Well No.			ling Formation				Lease No.		
Location		19	T D€	enton I	Devonian		State	Federal or Fee	B-9774		
Unit LetterN	:35	50	_ Feet Fr	om The	South Lin	e and 16	550 F	eet From The	West Line		
Section 2 Townsh	nip 15S		Range	3	37E ,N	мрм,	Lea	ì	County		
III. DESIGNATION OF TRAI	NCD() DTI	ED OF O		D 37.1 mm					County		
Name of Authorized Transporter of Oil	(X)	or Conder	IL AN	U NATU	RAL GAS						
Shell Pipeline Corp./ATTN:Oil Acctd Section					Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, TX 77001						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Giv	e address to wh	con, TX 7	7001			
J. L. Davis					Address (Give address to which approved 211 N. Colorado, Midl						
If well produces oil or liquids, give location of tanks.	Unit M	Sec.	Twp.	Rge.	Is gas actually	y connected?	When		27(1)		
If this production is commingled with that	from any ou	ner lease or	15S	37E	ling order num	es		0/25/77			
TO COM LETION DATA		Oil Well		as Well	New Well						
Designate Type of Completion		i	i		Thew frei!	Workover	Deepen	Plug Back San	ne 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			
HOLE SIZE	T CA	TUBING, CASING AND CASING & TUBING SIZE				NG RECORI)				
CASING & TUBING SIZ			ZE	DEPTH SET			SACKS CEMENT				
	1										
								-			
V. TEST DATA AND REQUES	CT FOR A	HOW	DID								
OIL WELL Test must be after r	recovery of to	LLLUYY A	ABLE of land of	T and	4						
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes	st	oj loda ou	i una musi	Producing Me	exceed top allow thod (Flow, pun	vable for this	depih or be for fu	Il 24 hours.)		
				į		(1 10/1/p/m)	φ, გ	c.,			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
ctual Prod. During Test Oil - Bbls.				···	Water - Bbls			Gas- MCF			
	<u> </u>										
GAS WELL	•							·			
Actual Prod. Test - MCF/D	Length of I	est			Bbls. Condens	ale/MMCF		Gravity of Conde	nsale		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)										
	Tuoing Tree	тооля ттерене (2UM-тр)				Casing Pressure (Shut-in)		Choke Size			
I. OPERATOR CERTIFIC	ATE OF	COMPI	LIANO	TE							
I hereby certify that the rules and regular Division have been complied with and t	ations of the (Oil Conserva	ation		0	IL CON	SERVA	TION DIV	'ISION		
is true and complete to the best of my k	nowledge an	d belief.		1	Doto	Annrassa		JUL 0	9 202		
Manhoras					Date.	Approved		UVL U	- VE		
Signature J./M. Duckworth	~				Ву	Materia-					
J/M. Duckworth Operations Manager Printed Name / Title						DIS		B <mark>y Jerry Sex</mark> Upbryisor	IUN		
6/30/12	405	/235-36			Title_						
Date			bone No		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
- 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.

