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		Sa	anta Fe, N	ew M	lexico 8750	04-2088					
	REQ	UEST F	OR ALLO	IAWC	BLE AND	AUTHORI	ZATION				
I. Operator		TO TR	ANSPOR	IT OII	L AND NA	TURAL G	AS				
Devon Energy Corporation (Nevada)						Well API No. 30025 0 3128					
1500 Mid-America Towe	r, 20 1	N. Broa	idway, C	klah	noma City	7, OK 73	3102				
Reason(s) for Filing (Check proper box) New Well						er (Please expl					
Recompletion	Oil	Cuange	Transporter Dry Gas	01:	Ch	ange in	Operato	or Name Ef	fectiv	7e	
Change in Operator If change of operator give name	Casinghe	ad Gas	Condensate		Ju	ly 1, 19	92				
and address of previous operator Hond	o Oil 8	Gas C	Co., P.	O. B	30x 2208,	Roswell	, NM	38202			
II. DESCRIPTION OF WELL	AND LE								.		
Lease Name Lea 403 State	Well No.						Kind of Lease Lease No.				
Location		3 Reeves Queen					State, Federal or Fee E-1582				
Unit Letter N	: 3.	30	_ Feet From 7	The SC	outh Lin	and2310)· F	ect From The	West	Line	
Section 22 Township 18S Range 3					E , NMPM,			Lea County			
III. DESIGNATION OF TRAN	SPORTE	ER OF O	II. AND N	James i	DAT CAS						
Transporter of Chi	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. E	30x 1558,	Brecke	enridge. TX 76024			
Warren Petroleum Co.	or Dry Gas		Address (Give	oddress so who is a second	ich approved	d copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.						When				
If this production is commingled with that	C from any ou	27 per lease or	18S 35E		Yes			3/23/90			
IV. COMPLETION DATA	·				ing order humo	eı. <u> </u>					
Designate Type of Completion	- (X)	Oil Well	Gas V	Vell	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth			P.B.T.D.	·		
Elevations (DF, RKB, RT, GR, etc.)								1.5.1.0.			
Lievadous (Dr. RAB, RI, GR. elc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe		
		TIDDIG									
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET			SACKO OFFICIAL			
	OFFICE OF TOOM OF OUR				DEFINSE			SACKS CEMENT			
								ļ			
V. TEST DATA AND REQUES OIL WELL (Test must be after re								 		· · · · · · · · · · · · · · · · · · ·	
Date Frank Oil Date of the Market of the Mar						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressur	C		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		· · · · · · · · · · · · · · · · · · ·	Gas- MCF			
GAS WELL						· 		L			
Asset D. J. B. CLANE						ate/MMCF		Gravity of Condensate			
Facility Market ()											
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMP	IANCE		<u> </u>			1			
I hereby certify that the rules and regula	tions of the	Oil Conserv	ation		.0	IL CON	SERVA	ATION DI	VISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						^		וווו הסיו	22	•	
MM) // _A					Date.	Approved		JUL 08'9	J <u>L</u>		
Signature Signature						By Orig. Signed by.					
J. M. Duckworth Operations Manager							Orig P	gigned by			
6/30/92	40:	5/235 - 3	Tide 3611		Title_			Geologist	·•		
Date			hone 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
- 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.