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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	OTRAN	ISPO	RT OIL	AND NA	TURAL G	AS				
Operator					171110 1171	1011/12 0/		API No.			
Devon Energy Corporat				3002521676							
Address											
1500 Mid-America Towe	r, 20 N.	Broad	way,	Oklah			3102				
Reason(s) for Filing (Check proper box) New Well		~			Oth	er (Please expl	lain)				
Recompletion		Change in Ti		er of:	Ch	ange in	Operato	r Name E	Effectiv	re	
Change in Operator	Oil Caringhand		ry Gas	السا	Ju	ly 1, 19	92				
	Casinghead	Gas C	ondensa	ite							
If change of operator give name and address of previous operator.	o Oil &	Gas Co.	., P.	0. B	ox 2208	, Roswell	_, NM 8	8202 .			
II. DESCRIPTION OF WELL	AND LEA	SE								•	
Lease Name Well No. Pool Name, Includi					ing Formation Ki			of Lease Lease No.			
Lea 946 State						20 -			Federal or Fee K-3851		
Location											
Unit LetterC	:660	F	eet Fron	n The $-\frac{1}{2}$	North Lin	e and19:	30 F	eet From The	West	Linc	
Section 2 Townsh	, .	100 -	*	25-	,						
Section 2 Townsh	<u>ıp</u> -	18S R	ange	35E	<u>, N</u>	MPM,	Lea			County	
III. DESIGNATION OF TRAN	JCPADTET	2 05 011	A BID	N/ A PPT /	D 1 7 C 1 C						
Name of Authorized Transporter of Oil	TXT (or Condensal	AIYU	NAIU.	Address (Gi	e address to w	hich cons	I come of this i	form is to t		
Koch Oil Co.					1						
Name of Authorized Transporter of Casin	ighead Gas	X 01	r Dry G	25	Address (Giv	Box 1558	, Brecke	enriage,	TX 76	024	
Phillips 66 Natural								copy of this form is to be sent) TX 79762			
If well produces oil or liquids,	Unit Sec. Twp. Rge.			is gas actuali	y connected?	When					
give location of tanks.	E		18s	35E	Yes		•	3/31/66			
f this production is commingled with that	from any other	r lease or poo	ol, give	commingl	ing order num	ber:					
IV. COMPLETION DATA											
Designate Type of Completion	· - (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		<u> </u>	J	 .	<u> </u>	L		<u> </u>	<u> </u>	_1	
Date Spanied	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	551/					
Perforations					Top Old Cas.	ray		Tubing Dep	Tubing Depth		
								Death Carl	Depth Casing Shoe		
								Depui Casin	g Snoe		
	TT	IBING C	A SINO	TAND	CEMENTT	NG PECOP	n				
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CLIVILIAII	DEPTH SET			SACKS CEMENT		
					DE 117 00 1			SACING GEMENT			

				F* **********							
V. TEST DATA AND REQUE					· · · · · · · · · · · · · · · · · · ·						
OIL WELL (Test must be after t	Date of Test	il volume of	load oil	and must	be equal to or	exceed top allo	owable for thi	s depth or be j	for full 24 hou	urs.)	
Date First New Oil Run To Tank		Producing Method (Flow, pump, gas lift, etc.)									
Land of Tax											
Length of Test	Tubing Pressure				Casing Press.	ire		Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.						
Actual Flot. During Test								Gas- MCF			
			·		<u> </u>						
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	est			Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
rt. M. d.	-										
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
	<u></u>				<u> </u>			<u></u>			
VI. OPERATOR CERTIFIC				CE		NI 001	ioenv	ATION	ם אינוסוכ	5.1 1	
I hereby certify that the rules and regul	lations of the C	ii Conservat	ion			DIL CON	10により	A HON	DIVIZIO	אוע	
Division have been complied with and is true and complete to the best of my	knowledge and	nauon given I belief	above								
Muss 1	The same				Date	Approve	d	لـــــــــــــــــــــــــــــــــــــ	<u>UL 08'</u>	92	
MM (1) .V .Q	发							•	3		
Signature // Kanyowaik					Bv		Onic Sicr	ed hv.			
J. M // Duckworth Operations Manager					ByOrig. Signed by Paul Kauts						
Printed Name			ille		Title		Geolog	iet			
Date 10/50/92	405/	235-361									
- ALC /		i eleph	one No.		11						

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.