NEW MEXICO OIL CONSERVATION COMMISSION SA TAFE Form C-104 REQUEST FOR ALLOWABLE Fi Ε Supersedes Old C-104 and C-11 Effective 1-1-65 AND G.\$ AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS D OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Devon Energy Corporation Address 1500 Mid America Tower 20 N. Broadway, OKC, OK OIL CON. COM. Reason(s) for filing (Check proper box) 73102 Other (Please explain) New Well DIST. 3 Change in Transporter of: Recompletion OH Dry Gas Change in Ownership X Casinghead Gas Condensute If change of ownership give name and address of previous owner ___ Kirby Exploration Co., P. O. Box 1745, Houston, Texas 77001 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State State, Federal or Fee State Lease No. Leamex Location Penn B-2516 Unit Letter_ 1874 Feet From The South Line and 554 _ Feet From The _ Line of Section Township 17s Range 33E , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent) Independent Producers Marketing Corporation Name of Authorized Transporter of Casinghead Gas X or Dry Gas P. O. Box 1968 Casper, Wyoming 82602 Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company, Unit Sec. 10 WW Frank Phillips Rldg Bartlesville If well produces oil or liquids, give location of tanks. Twp. F.ge. Ω K Ι 22 17S 74004 33E Yes If this production is commingled with that from any other lease or pool, give commingling order number: May 4, 1975 IV. COMPLETION DATA Oil Well Gas Well Designate Type of Completion - (X) New Vell Workover Deepen Plug Back Same Res'v. Diff. Res'v. Date Spudded Date Compl. Ready to Prod. Total Depth P.E.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Cil. Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbla. Agie: - Bbls. Gas - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bb.s. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Coming Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

M. G. Mooney (Signature)					
M	1.	G.	Mooney /	(Signature)	
	_			District Engineer	
				(Title)	

(Date)

19,

1982

August

OIL CONSERVATION COMMISSION

SEP 23 1982

CARGINIAL SIGNED BY BY.

APPROVED.

DISTRICT 1 SUPR. TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.