

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

|                        |     |  |
|------------------------|-----|--|
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| SANTA FE               |     |  |
| FILE                   |     |  |
| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

Operator  
Devon Energy Corporation

Address  
1500 Mid-America Tower, Oklahoma City, Oklahoma 73102

Reason(s) for filing (Check proper box)

|  |   |                                     |
|--|---|-------------------------------------|
| New Well <input type="checkbox"/>            | Change in Transporter of:               | Other (Please explain)              |
| Recompletion <input type="checkbox"/>        | Oil <input checked="" type="checkbox"/> | Dry Gas <input type="checkbox"/>    |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                     |
|--|---------------|---|--|---------------------|
| Lease Name<br>State  | Well No.<br>2 | Pool Name, including Formation<br>Leamex, Paddock | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>B-2516 |
| Location   |               |   |  |                     |
| Unit Letter 0 : 660 Feet From The South Line and 2130 Feet From The East |               |   |  |                     |
| Line of Section 22 Township 17S Range 33E , NMPM, Lea County             |               |   |  |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Permian Corporation  | P.O. Box 1183, Houston, TX 77001   |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Phillips Petroleum Company   | 10 WW Frank Phillips Bldg, Bartlesville, OK74003                         |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| o 22 17S 33E   | Yes September 6, 1976  |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

|                                      |                             |                 |          |              |        |                   |             |              |
|--------------------------------------|-----------------------------|-----------------|----------|--------------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well        | New Well | Workover     | Deepen | Plug Back         | Same 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 |             |              |
| 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 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 - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                         |                |                      |                       |
|-------------------------|----------------|----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
|-------------------------|----------------|----------------------|-----------------------|