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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Devon Energy Corporation (Nevada) 3002502392 Address 1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change in Operator Name Effective Recompletion Dry Gas July 1, 1992  $\mathbb{X}$ Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator Hondo Oil & Gas Co., P. O. Box 2208, Roswell, NM 88202 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Mescalero Ridge Unit DE Quail Ridge Bone Springs 1 State, Federal or Fee NM02391 Location Unit Letter \_\_\_ 660 Feet From The North Line and 660 · Feet From The \_Line 21 Township 19s Range 34E, NMPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) X Koch Oil P. O. Box 1558, Breckenridge, TX 76024
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X Phillips 66 Natural Cas GPM Gas Corporation 4001 Penbrook, Odessa, TX 79762 produces oil or liquids, If well produces oil or liquids, Die February 1, 1992 F Twp. -Rge. Is gas actually connected? When ? 21 198 34E Yes If this production is commingled with that from any other lease or pool, give commingling order number. IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen | Plug Back | Same Res'v Designate Type of Completion - (X) 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 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 Tank 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 MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Sinui-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Orig. Signed by Signature M Operations Manager Geologiet.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

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

405/235-3611

Title

Telephone No.

- 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.