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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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRAN	ISPO	RT OIL	TAN DNA	URAL GA	S				
erator						Well A			PI No. 3002520302		
Devon Energy Corporat.	ion (Nev	ada)	<del></del>							•	
1500 Mid-America Towe:	c, 20 N.	Broad	way,	Oklaho	oma City	, ок 73					
eason(s) for Filing (Check proper box)					Othe	r (Please explai	•				
ew Well	Change in Transporter of: Change in Operator Name Effective										
ecompletion U	Oil Gaileal and		Dry Gas		Jul	y 1, 199	2				
hange in Operator Rive name	Casinghead		Condens			D 11	NIM 0.	2202			
change of operator give name id address of previous operator Hond			)., P	. O. Bo	ox 2208,	Roswell	, NM 88	3202	******	<del></del> :	
I. DESCRIPTION OF WELL			Da at Ma	To alvedia	o Comption		Kind c	of Lease	L	ease No.	
Mescalero Ridge Unit 35   Pearl Qu						State					
Mescalero Ridge Unit	. 33			arr Qu	CCII				<del> </del>		
Unit LetterI	_ :19	080	Feet Fre	om The _S	outh Lin	and560	Fe	et From The	East	Line	
Section 35 Township 19S Range 34E					, NMPM,			Lea		County	
II. DESIGNATION OF TRAN	VSPORTER	OF OI	I. ANI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condeni			Address (Giv	e address to wh	iich approved	copy of this f	orm is to be se	int)	
Koch Oil Co.					P. O. Box 1558, Breckenridge, TX 76024						
Name of Authorized Transporter of Casin	ghead Gas X or Dry Gas							copy of this form is to be sent)			
Phillips 66 Natural	Cas GPA	A Gas C	orpor	ation		Penbrook,	<u>Odessa</u>	TX 7	9762		
If well produces oil or liquids,		Sec.	Twp.	Rge.	ls gas actuall		When	?			
ive location of tanks.	I	35	19S	] 34E	Ye:						
f this production is commingled with that	from any othe	r lease or p	pool, giv	e commingl	ing order num	ber:				<del></del>	
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)	1			]	<u></u>	<u> </u>	<u> </u>	<u> </u>		
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			
	Т	UBING.	CASI	NG AND	CEMENT	NG RECOR	<u> </u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
								_			
	1000 500	1 7 ~ 7 7 7	IDIT								
V. TEST DATA AND REQUI	ST FOR A	LLOW	ABLE			ا: == داد دوست س	laurable for el	ie denth or he	for full 24 ha	ws.)	
OIL WELL (Test must be after			oj load	ou and mus	Producing A	telhod (Flow o	nump, var lift	elc.)	, joi jan 27 110	<del></del>	
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			
	Notice Test				Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.										
GAS WELL	'					<del></del>			Condensate		
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 (Shut-in)			Choke Size			
VI. OPERATOR CERTIF	CATE OF	F COM	PLIA	NCE		OIL CO	NOCO	/ATION	וחווופו	ON	
I hereby certify that the rules and re	gulations of the	Oil Conse	ervation			UIL UU	149ドユ/	AHUN	וסועוטו	UIN	
Division have been complied with a	nd that the info	ormation gi	ven abo	ve			_	. 1 1 1	n 8 '97	1_	
is true and complete to the best of n	ny kaowiedge :	and belief.			Da	te Approv	ed	70	L U U J2	-	
All Vhenker with	<b></b>				]			معية و			
Signature /					Ву		pula.	Signed III			
J. M. Duckworth Operations Manager							Po.	Kautz Jologist			
Printed Name	405	5/235-3			Titl	e	- Cat	2010812			
Date		Te	elephone	. 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 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.