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

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., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

^•	1	UINA	イルつい		AND NA	TURAL GA	AS .				
Operator								API No.	2252255		
Devon Energy Corporation (Nevada)								3002520565			
Address											
1500 Mid-America Tower	r, 20 N	. Broa	dwa	y, Oklah			3102				
Reason(s) for Filing (Check proper box)			_		U Oth	er (Please expl	ain)	-			
New Well		Change in			Ch	ange in	Operato	or Name E	Effectiv	e	
Recompletion	Oil	=	Dry		Ju	ly 1, 19	92				
If change of operator give name	Casinghead	Gas	Conc	lensate					· · · · · · · · · · · · · · · · · · ·		
and address of previous operator HONGO			0.,	P. O. B	ox 2208,	Roswell	l, NM	88202		·	
II. DESCRIPTION OF WELL	AND LEA										
Lease Name Well No. Pool Name, Include					-			Kind of Lease State, Federal or Fee		ease No.	
Mescalero Ridge Unit	35	22	Pe	arl Que	en		3120	, receil or re	c NM74	65B	
_	1.0										
Unit LetterJ	_ ;19	80	_ Feet	From The	South Lin	e and19	80	Feet From The	East	Line	
Service OF T	30-										
Section 35 Townshi	p 198		Rang	<u>ge 34E</u>	, N	МРМ,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	X	or Conder	nsale		Address (Giv	e address to w	hich approve	d copy of this	form is to be s	eni)	
Koch Oil Co.					P. O.	Box 155	8. Bred	kenridge	<u> </u>	6024	
Name of Authorized Transporter of Casing	ry Gas 🔚	Address (Giv	e address to w	hich approve	d copy of this	copy of this form is to be sent)					
Phillips 66 Natural					4001	Penbrook		a, TX 7		··	
If well produces oil or liquids, give location of tanks.	Unit Sec.				ls gas actually connected?			When ?			
	J	35	1 19	S 34E	Yes				····		
If this production is commingled with that it. IV. COMPLETION DATA	from any other	er lease or	pool,	give commingl	ing order num	ber:					
Designate Time of Completion	. ~~	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1					1	1		j	
Date Spudded	Date Comp	l. Ready to	o Prod.		Total Depth			P.B.T.D.		***************************************	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Performing											
Perforations								Depth Casia	g Shoe		
	T	UBING,	CAS	SING AND	CEMENTI	NG RECOR	ND .				
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
<u></u>	ļ										
V. TEST DATA AND REQUES									-		
OIL WELL (Test must be after r			of loa	d oil and must	·				for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes				Producing M	ethod (Flow, pi	ump, gas lift	elc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
	<u> </u>				<u> </u>						
GAS WELL											
Actual Prod. Test - MCF/D	Length of	est			Bbls. Conden	sate/MMCF	····	Gravity of	Condensate		
								5,2,1,5,0,1			
Festing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI ODED ATOD CERTURO	A TITLE OF	COLE	T 7 1	XICIT:	-	····		1	 		
VI. OPERATOR CERTIFIC					\parallel	711 COM	JSFR\	/ATION	DIVISIO)N	
I hereby certify that the rules and regul Division have been complied with and	auons of the	Uil Consei	rvation	1			TOEII)		D14101C	J 1 N	
			ren abo	346							
is true and complete to the best of my knowledge and belief.					Date	Approve	ed		1 08'9	2	
AMM) land								JU	F 0 0	_	
Signature Signature					By Orig. Signed by						
Signature // Duckworth Operations Manager					By Orig. Signed by Paul Kautz						
Printed Name	······································		Title		Title		G	eologist			
4/30/92	405/	235-36			II THE			-			
Date		Tel	ephone	: 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.