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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TO TRA	NSPORT O	IL AND NA	ATURAL G	AS	ł.			
									<del></del>	
Devon Energy Corporation (Nevada: Address							3002520694			
1500 Mid-America Tow Reason(s) for Filing (Check proper box	er, 20 N	N. Broad	dway, Okla	homa Cit	v. OK 7	3102				
Reason(s) for Filing (Check proper box,	)			Ot	her (Please exp	lain)				
Recompletion	0.1		Transporter of:		nange in	•	or Name	nee		
Change in Operator	Oil Casinobas		Dry Gas	Jυ	ly 1, 19	92	or Mame	Effecti	vе	
If change of operator give name and address of previous operator Hon			Condensate							
U. DESCRIPTION OF WELL	L AND LE	ASE	,, F. U.	BOX 2508	, Roswel.	l, NM	88202	<del></del>	<del></del>	
rease Name	ling Formation Kine									
Mescalero Ridge Uni				i of Lease . Federal or F	of Lease Lease No. Federal or Fee NM7465B					
Location Unit Letter B	e	560						NM /	465B	
	: <u>_</u>		Feel From The	North Li	ne and	1980	Feet From The	East	Line	
Section 35 Towns			Range 34		мрм,	-	Lea		County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTE	R OF OH	AND NATU	JRAL GAS						
	[X]	or Condens	ue	Address (Gi	ve address to wi	hich approve	d copy of this	form is to be		
Koch Oil Co.  Name of Authorized Transporter of Casi		Address (Give address to which approved copy of this form is to be sent)  P. O. Box 1558, Breckenridge, TX 76024					0.0.4			
Phillips 66 to the	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					ont)			
	Unit I	Gas GPM Gas Corporation Unit Sec. Two Pa			enbrook,	Odessa	TX 79762			
give location of tanks,	1 = 1	25	100 1 04-	ls gas actuall	y connected?	When	7			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or po	195   34E	ling order	es					
IV. COMPLETION DATA				ing older num	Del:			<del></del>		
Designate Type of Completion		Oil We I	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to P	rod.	Total Depth	L	<u> </u>	P.B.T.D.	i		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Dept	h		
Perforations					Tuoing Depi	11				
				Depth Casing Shoe						
	T	UBING C	ASING AND	CEMENITIN	IC DECOR			· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE CASING & TUBING SIZE			NG SIZE	ND CEMENTING RECORD DEPTH SE			SACKS CEMENT			
							ļ			
							<del> </del>	<del></del>	<del></del>	
. TEST DATA AND REQUE	T FOR A	LLOWAR	I F							
OIL WELL (Test must be after r	ecovery of tota	al volume of i	oad oil and must	he equal to an						
Date First New Oil Run To Tank	The state of the s	Ist be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)								
				יייין איייין						
ength of Test	Tubing Press	sure		Casing Pressur	e		Choke Size			
ictual Prod. During Test	Oil - Ebls.			Water - Bbls.			Gas- MCF			
GAS WELL	1			`						
actual Prod. Test - MCF/D	Length of Te	oct .						•		
		Bbls. Condensate/MMCF			Gravity of Condensate					
sting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut in)			Casing Pressure (Shut-in)			Only St.		
T OPER LOOP CO-	· ·			D (Ontar-111)			Choke Size			
I. OPERATOR CERTIFIC	ATE OF (	COMPLI	ANCE			_	<u> </u>			
I hereby certify that the rules and regular Division have been complied with and it	tions of the O	il Conservatio	מס	1.0	IL CONS	SERVA	YTION E	)IVISIO	N	
is true and complete to the best of my	nat the information and	auon given al belief	bove						•	
	Date /	Approved		JUL 0 8 '92						
Signatury Signatury									-	
J. M. Duckworth	Operat	tions Ma	anager	Ву	Orig-	Signed b	<b>4</b>			
Printed Name	·	Tiu		, ri-L.	Par	il Kauu 90logist				
Date 4/00/97	405/23	35-3611		Title_	<u></u>	~~~~~				
		Telephor	e 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
- 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.