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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator Well API No.											
Devon Energy Corporation (Nevada)								3002520695			
Address (Nevada)								3002320093			
1500 Mid-America Towe:	r. 20 N	. Broa	dwa	v. Oklah	oma Cit	.v 0k 7	3102				
Reason(s) for Filing (Check proper box)				17 071141		ther (Please exp					
New Well Change in Transporter of											
Recompletion	Oil Dry Gas Change in Operator Name Effective										
Change in Operator X Casinghead Gas Condensate July 1, 1992											
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, Includis					ng Formation Ki			of Lease Lease No.		
Mescalero Ridge Unit	35 8 Pearl Qu				ieen S			e, Federal or Fee NM7465B			
Location											
Unit LetterK	: 1980 Feet From The South Line and 1980 Feet From The West Line										
Section 35 Townshi	19S Range 34E				, NMPM, Lea			1 County			
THE DECICE ACTION OF THE LAND								·····			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil											
•							hich approved	copy of this f	form is to be se	eni)	
NONE - WIW Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
NONE	Address (G.	Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids,	Unit Sec. Tw			Rge.	Is gas actually connected? Wi			an ?			
give location of tanks.	i i				is gas actually connected?			Then ?			
If this production is commingled with that i	rom any other	r lease or	pool, j	give commingl	ing order nur	nber:					
IV. COMPLETION DATA						*******		· · · · · · · · · · · · · · · · · · ·		·	
Designate Time of Completion	~	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>L</u>			1	j	į į				
Date Spudded	Date Compl	l. Ready to	Prod.		Total Depth		-*	P.B.T.D.	<u> </u>	- 1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	· bair					
Traine of Flooding Pormation								Tubing Depth			
Perforations								Derxh Casin	Depth Casing Shoe		
									B 01.00		
	CEMENT	EMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								1			
M. M. Combon Com											
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of tol	al volume	of load	d oil and must	be equal to o	or exceed top all	owable for thi	s depih or be j	for full 24 how	rs.)	
Date First New Oil Rull 10 Tank	Date of Test	L			Producing N	dethod (Flow, pr	ump, gas lift, e	tc.)		j	
Leogth of Test	Tubing Pressure							Choke Size			
2.58.01.01	Tuoing Pres	ing Fressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF			
GAS WELL					l <u>. </u>			1			
Actual Prod. Test - MCF/D	Length of Test				Div. C. I. C.				To the state of th		
	Deligat of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
						,					
VI. OPERATOR CERTIFIC	ATE OF	COMP	TTA	NCE	\r			<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					1	OIL CON	ISFRV	ATION I	DIVISIO)N	
Division have been complied with and that the information given above									D. 11010		
is true and complete to the best of my knowledge and belief.					Date Approved						
$lm(i)$ $l \prec i$						e whhtone	u	الالهــــــا	_ 00 00		
All Khinawak											
Signature J. A. Duckworth Operations Manager						By Orig. Signed by					
J. M. Duckworth Operations Manager Printed Name / Title					Paul Kauts						
6/30/92 405/235-3611						Title Geologist					
Date			phone	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.