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

County

Lea

DISTRICT II P.O. Drawer DD, Antesia, 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

Range

•	į	IO IMAI	NSPORT OIL AND NATURAL GAS		
Operator				Well API No.	
Devon Energy Corpor	ation (Ne	vada)		3002521264 0()Sl
Address					
1500 Mid-America To	wer, 20 N	. Broad	lway, Oklahoma City, OK 73102		
Reason(s) for Filing (Check proper bo	ox)		Other (Please explain)		
New Well Recompletion	Oil		Transporter of: Change in Ope: Dry Gas July 1, 1992	rator Name Eff	ective
Change in Operator	Casinghead	d Gas 🔲	Condensate		
f change of operator give name nd address of previous operator.	ondo Oil &	Gas Co	o., P. O. Box 2208, Roswell, N	M 88202	
I. DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mescalero Ridge U	nit 35	9	Pearl Seven Rivers	State, Federal or Fee	NM-052
Location					
Unit LetterI	:2	310	Feet From The South Line and 990	Feet From The	East Line

III. DESIGNATION OF TRA	ANSPORT	ER OF	OIL AN	D NATU	RAL GAS					
Name of Authorized Transporter of Oil		or Cond	ensate		Address (Giv	e address to wi	hich approved	copy of this	form is to be se	nt)
NONE										
Name of Authorized Transporter of Casinghead Gas or Dr Phillips 66 Natural Gas GPM Gas Cor			or Dry	Gas V	Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natura	l Cas (PM Ga	s Corp	oration	4001 Pe	enbrook,	.Odessa.	TX 79	762	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actuall		When			
	j A	35	19s	34E	Yes		j 67	/7/91		
If this production is commingled with the	at from any o	her lease o	or pool, gi	ve comming	ing order num	ber:				
IV. COMPLETION DATA	•			•	Ü					
Designate Type of Completion	on - (X)	Oil We	eli	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

34E

, NMPM,

Designate Type of Completio	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Con	npl. Ready to Pr	od.	Total Depth	<u> </u>		P.B.T.D.	.1	
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing Form	ation	Top Oil/Gas	Pay		Tubing Dep	th	
Perforations							Depth Casin	ng Shoe	
		TUBING, C	ASING AND	CEMENTI	NG RECOR	D	1	·	
HOLE SIZE	C.	ASING & TUBI	NG SIZE		DEPTH SET			SACKS CEM	ENT

TEST DATA AND REQUEST FOR ALLOWABLE

Section 35 Township 19S

)IL WELL (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow	wable for this depth or be for full 24 hours	:.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pur	np, gas lift, etc.)	
length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
		· ·		

CACTURET

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 (Shut-in)	Choke Size			

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Munhowsh)
Signature J. M. Duckworth	Operations Manager
Printed Name 6/30/92	Tide 405/235-3611
Date	Telephone No.

OIL CONSERVATION DIVISION

Orig. Signed be Geologia

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.

Title_

- 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.