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

I. Operator		TOTR	ANSP	ORT O	L AND NA	TURAL	AS				
Devon Energy Corporation (Nevada)						Well API No.					
Address				3002502276							
1500 Mid-America Towe	er, 20 N	I. Bro	adwav.	Oklai	noma Ci+	•• ••	2100				
Reason(s) for Filing (Check proper box) New Well					Ou Ou	ner (Please exp	3102 lain)				
Change in Transporter of:											
Change in Operator	Casinghea	_ ∏asDba	□ Dry Ga: □ Conden		٫Jυ	ly 1, 19	92	or wante	rrecti	ve	
If change of operator give name				_			 				
and address of previous operator Hono	10 011 α	Gas	.o., P	7. O. I	30x 2208	, Roswel	1, NM	88202			
II. DESCRIPTION OF WELL Lease Name	AND LE		[P=-1.32							·	
Mescalero Ridge Unit MA 32 Quail Rid								d of Lease No. e, Federal or Fee			
Location NM05637										6376	
Unit LetterD	:66	50 ————	_ Feet Fro	om The	North Lie	e and66	٥.	Feet From The	West		
Section 28 Townsh	ip 1	.9s	Range	34E				action me		Line	
						МРМ,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF C	IL ANI	NATU	RAL GAS						
Koch Oil Co.	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casin	325	P. O. Box 1558, Breckenridge, TX 76024									
Phillips 66 Natural Car COM Ree Compression					Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					ent)	
If well produces oil or liquids, give location of tanks.	Unit Sec.		Twp.	Rge.	Is gas actually connected?		When	Nhen ?			
If this production is commingled with that IV. COMPLETION DATA	from any oth	28 er lease or	195	34E	Yes			4/22	/69		
IV. COMPLETION DATA			poor, give	commingi	ing order numb	er:					
Designate Type of Completion	- 00	Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		l Ready to) Prod		Total Depth		<u>i</u>			Pili Res v	
		Date Compl. Ready to Prod.				Total Depth				····	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Tuoing Depin			
						, , , , , , , , , , , , , , , , , , ,		Depth Casin	g Shoe		
	T	UBING.	CASIN	GAND	CEMENTA	IC DECOR					
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								SACRS CEMENT			
V. TEST DATA AND REQUES OIL WELL Test must be after to	T FOR A	LLOWA	BLE		·· -· · · · · · · · · · · · · · · · · ·			1	· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	al volume	of load oil	and must b	re equal to or e	exceed top allo	wable for thi	s depih or be fo	or full 24 how	rs.)	
	Date of Test				Producing Met	hod (Flow, pur	np, gas lift, e	IC.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test					Water - Bbls.						
Oil - Bbls,								Gas- MCF			
GAS WELL	<u></u>			1							
Actual Prod. Test - MCF/D	Length of Test				Rhis Condens	1-401CT		1 22			
	<u>.</u>				Bbls. Condensate/MMCF			Gravity of Condensate			
Sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
A ODED A TOD CEDTURO		~ ~ -			·						
VI. OPERATOR CERTIFICATION OF THE PROPERTY OF	TE OF (COMPI	LIANC	E	. (II CONI	OEDW	TIONE			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date	Approved			201 פ		
All Information					Dale /	Approved		-JAF (10 34		
Signature/					Ву						
J./M. Duckworth Operations Manager Printed Name /					Orio Siana II						
<u>a/30/42</u> 405/235-3611					Title Faul Kautz						
Date											

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.