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O. C. D.  
ARTESIA, OFFICEForm C-104  
Revised 10-01-78  
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Page 1STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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O. C. D.  
ARTESIA, OFFICEREQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

I. Operator  
Devon Energy Corporation

Address  
1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: Texas American Oil Corporation, 300 West Wall, Suite 400, Midland, TX 79701

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp	Well No. 4	Pool Name, including Formation Humble City (Atoka)	Kind of Lease State, Federal or Fee	Lease No. 30481
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>17S</u> Range <u>37E</u> , NMPM, Lea County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

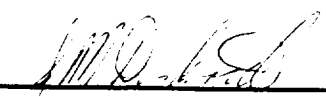
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 52323, Houston, Texas 77052
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Corporation 66 Nall Dr	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004
If well produces oil or liquids, give location of tanks. Unit: <u>I</u> Sec.: <u>11</u> Twp.: <u>17S</u> Rge.: <u>37E</u>	Is gas actually connected? <u>Yes</u> When: <u>10-17-72</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
J.M. Duckworth, District Engineer  
(Title)  
May 17, 1988  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 7 1988 19  
BY ORIGINAL SIGNATURE BY MARY SEXTON  
DEPUTY COMMISSIONER  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.