Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DUME OF LIKEM LATEXICO 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., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSPORT O	IL AND NA	TURAL G	AS				
Operator Devon Energy Corpora Address		Well			API No. 3002502465					
1500 Mid-America Tow	er. 20 N	I. Broad	way Okla	homa Cit	O7 7	27.02				
Treason(a) for Tilling (Check proper box))				her (Please exp		······································			
New Well Recompletion	Oil		masporter of:	Cl	nange in	Operato	or Name El	fectiv	7.0	
Change in Operator	Oil Casinghea		Dry Gas Condensate		ly 1, 19					
If change of operator give name and address of previous operator Hon				Boy 2209	D = 1	7 272	20000			
II. DESCRIPTION OF WELL			-,	BOX 2200	, KOSWEL.	L, NA I	88707			
Lease Name	AND LE		Pool Name, Inclu	ding Formation		1/ i= 4	-61 ·			
Ballard DE Federal	Sallard DE Federal 2 Lynch Y							t of Lease Lease No. p. Federal or Fee NM08822		
Location Unit LetterC	:33	30	Feet From The	North,	23.	10		West	· · · · · · · · · · · · · · · · · · ·	
Section 27 Towns		North Line and 2310 F					Line			
	- <u></u>				MPM,	Le	a	 -	County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTE	R OF OH	AND NATU	JRAL GAS						
Texas New Mexico Pip	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casi	nghead Gas		or Dry Gas	Address (Gi)	BOX 2528	B. Hobbs	5. NM 882 I copy of this form	40	()	
Philips 66 Natural 6 If well produces oil or liquids,				4001	Penbrook,	Odessa	тх 797	62	enuj	
give location of tanks.	1 0 1 1			. Is gas actually connected? When						
If this production is commingled with the	t from any oth	er lease or po	ol, give comming	Yes	ber:					
IV. COMPLETION DATA		-,								
Designate Type of Completion	1 - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Piug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to P	rod.	Total Depth	l	J	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	B, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay						
Perforations			ALI OII	,,			Tubing Depth			
refrorations				······································			Depth Casing S	hoe		
	т	TIRING C	A CINIC AND	CEMENTER	IO DECOR			~		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			CACKO OF LITHE			
							SACKS CEMENT			
	-		······································							
V. TEST DATA AND REQUE	ST FOR A	LLOWAL	LE	J	~		1			
OIL WELL (Test must be after Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.)									
The state of Man 10 1411X	Date of Test	L		Producing Me	thod (Flow, pw	np, gas lift, e	(c.)			
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
				Tracer - Bolk			Obo- MICI.			
GAS WELL				·		· · · · · · · · · · · · · · · · · · ·	1			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)						
							Choke Size			
I. OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE						 J	
I hereby certify that the rules and regul	ations of the C	ii Conservati	On.	C	IL CON	SERVA	' D NOITA	VISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				JUL 0 9 '92						
ma 1 d				Date	Approved					
All Kinkwint										
Signature// J. M. Duckworth	Operati	ons Man	ager	By		7 45.50	37 JEKRY SI	KTON		
Printed Name / Title				By						
Date 6/08/9/2	405/235-	-3611 Telepho	ne No	ll ritie_						
A Section of the Contraction	ar and the day									
INSTRUCTIONS: This for	n in to be 6	1-1.				and Company	SECTION SECTION S	- Kreek Chief		

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.