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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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Devon Energy Corporation (Nevada)	Well API No. 30-025-31683
Address 20 N. Broadway, Suite 1500, Oklahoma City, OK 73102-8260	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith Ranch "11" Federal	Well No. 2	Pool Name, Including Formation Teas Bone Spring	Kind of Lease State, Federal or Free	Lease No. NM 13280
Location Unit Letter K : 2250 Feet From The south Line and 2014 Feet From The west Line Section 11 Township 20S Range 33E , 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"/> Phillips Petroleum Company (Trucks)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5400, Bartlesville, OK 74005-5400					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5400, Bartlesville, OK 74005-5400					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 11	Twp. 19S	Rge. 33E	Is gas actually connected? yes	When ? 11-16-91

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 07-29-93	Date Compl. Ready to Prod.		Total Depth 9520'		P.B.T.D. 9501'			
Elevations (DF, RKB, RT, GR, etc.) GL 3582'	Name of Producing Formation Bone Spring		Top Oil/Gas Pay 9404'		Tubing Depth 9261'			
Perforations 9410-9474'					Depth Casing Shoe 9520'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		1400'		1100			
12 1/4"	8 5/8"		5077'		2610			
7 7/8"	5 1/2"		9520'		1065			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 09-23-93	Date of Test 11-08-93	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure 35	Casing Pressure	Choke Size 1"
Actual Prod. During Test 101 BO	Oil - Bbls. 101	Water - Bbls. 33 BLW	Gas- MCF 150

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

E.L. Buttross Jr.
Signature
E.L. Buttross, Jr. District Engineer
Printed Name
11-10-93 (405) 235-3611 /cg
Date Telephone No.

OIL CONSERVATION DIVISION

NOV 19 1993

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.