

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104
Revised October 18, 1994
Instructions on back

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Submit to Appropriate District Office
5 Copies

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | | |
|---|---|--|---------------------------------|
| ¹ Operator Name and Address Devon Energy Production Company, L.P. 20 N. Broadway, Suite 1500 Oklahoma City, OK 73102-8260 | | ² OGRID Number 6137 | |
| | | ³ Reason for Filing Code CH 1/1/2000 | |
| ⁴ API Number 30-025-20591 | ⁵ Pool Name Oil Center Blinebry | | ⁶ Pool Code 47960 |
| ⁷ Property Code 003504 | ⁸ Property Name State L | | ⁹ Well Number 6 |

II. ¹⁰ Surface Location

| | | | | | | | | | |
|--------------------|---------------|-----------------|--------------|---------|-----------------------|-------------------------|----------------------|-----------------------|---------------|
| UI or lot no. E | Section 11 | Township 21S | Range 36E | Lot.Idn | Feet from the 1650 | North/South Line FNL | Feet from the 330 | East/West Line FWL | County Lea |
|--------------------|---------------|-----------------|--------------|---------|-----------------------|-------------------------|----------------------|-----------------------|---------------|

¹¹ Bottom Hole Location

| | | | | | | | | | |
|-----------------------------|--|----------|-------|-----------------------------------|---------------|-----------------------------------|---------------|------------------------------------|-------------------------------------|
| UI or lot no. | Section | Township | Range | Lot.Idn | Feet from the | North/South Line | Feet from the | East/West Line | County |
| ¹² Lse Code S | ¹³ Producing Method Code Shut-In | | | ¹⁴ Gas Connection Date | | ¹⁵ C-129 Permit Number | | ¹⁶ C-129 Effective Date | ¹⁷ C-129 Expiration Date |

III. Oil and Gas Transporters

| | | | | |
|------------------------------------|---|-------------------|-------------------|---|
| ¹⁸ Transporter OGRID | ¹⁹ Transporter Name and Address | ²⁰ POD | ²¹ O/G | ²² POD ULSTR Location and Description |
| | | 853110 | G | |
| | | 853130 | G | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IV. Produced Water

| | |
|-----------------------------|--|
| ²³ POD 853150 | ²⁴ POD ULSTR Location and Description |
|-----------------------------|--|

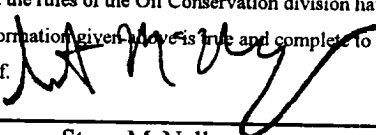
V. Well Completion Data

| | | | | | |
|-------------------------|--------------------------|------------------------------------|--------------------|----------------------------|----------------------------|
| ²⁵ Spud Date | ²⁶ Ready Date | ²⁷ TD | ²⁸ PBSD | ²⁹ Perforations | ³⁰ DHC, DC, MC |
| ³¹ Hole Size | | ³² Casing & Tubing Size | | ³³ Depth Set | ³⁴ Sacks Cement |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

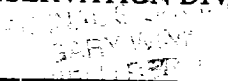
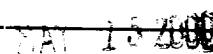
VI. Well Test Data

| | | | | | |
|----------------------------|---------------------------------|-------------------------|---------------------------|-----------------------------|-----------------------------|
| ³⁵ Date New Oil | ³⁶ Gas Delivery Date | ³⁷ Test Date | ³⁸ Test Length | ³⁹ Tbg. Pressure | ⁴⁰ Csg. Pressure |
| ⁴¹ Choke Size | ⁴² Oil | ⁴³ Water | ⁴⁴ Gas | ⁴⁵ AOF | ⁴⁶ Test Method |

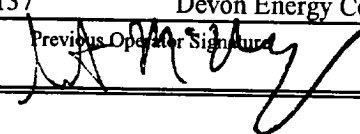
"I hereby certify that the rules of the Oil Conservation division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: 
Printed Name: Steve McNally
Title: District Manager
Date: 3/20/00 Phone: (405) 235-3611

OIL CONSERVATION DIVISION

Approved by: 
Title:
Approval Date: 

⁴⁸ If this is a change of operator fill in the OGRID number and name of the previous operator
6137 Devon Energy Corporation (Nevada)

Previous Operator Signature:  Printed Name: Steve McNally Title: District Manager Date: 3/20/00

District I

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico

Energy, Minerals & Natural Resources Department

Form C-104

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

OIL CONSERVATION DIVISION

PO Box 2088

Santa Fe, NM 87504-2088

☐

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | | |
|--|---|--|---------------------------------|
| ¹ Operator Name and Address Devon Energy Corporation (Nevada) 20 N. Broadway Suite 1500 Oklahoma City, OK 73102-8260 | | ² OGRID Number 006137 | |
| | | ³ Reason for Filing Code CO effective 1-1-96 | |
| ⁴ API Number 30-025-20591 | ⁵ Pool Name Oil Center Blinebry | | ⁴ Pool Code 47960 |
| ⁷ Property Code 003504 | ⁸ Property Name State L | | ⁹ Well Number 6 |

II ¹⁰ Surface Location

| | | | | | | | | | |
|--------------------|---------------|-----------------|--------------|---------|-----------------------|---------------------------|----------------------|------------------------|---------------|
| UI or lot no. E | Section 11 | Township 21S | Range 36E | Lot.Idn | Feet from the 1650 | North/South Line North | Feet from the 330 | East/West Line West | County Lea |
|--------------------|---------------|-----------------|--------------|---------|-----------------------|---------------------------|----------------------|------------------------|---------------|

¹¹ Bottom Hole Location

| | | | | | | | | | |
|------------------------|-------------------------------------|----------|-----------------------------------|---------|-----------------------------------|------------------|------------------------------------|----------------|-------------------------------------|
| UI or lot no. | Section | Township | Range | Lot.Idn | Feet from the | North/South Line | Feet from the | East/West Line | County |
| ¹² Lse Code | ¹³ Producing Method Code | | ¹⁴ Gas Connection Date | | ¹⁵ C-129 Permit Number | | ¹⁶ C-129 Effective Date | | ¹⁷ C-129 Expiration Date |

III. Oil and Gas Transporters

| | | | | |
|---------------------------------|--|-------------------|-------------------|--|
| ¹⁸ Transporter OGRID | ¹⁹ Transporter Name and Address | ²⁰ POD | ²¹ O/G | ²² POD ULSTR Location and Description |
| 007440 | EOTT P.O. Box 4666 Houston, TX 77210-4666 | 0853110 | O | E 11-21S-36E Lea Co., NM |
| 009171 | GPM Gas Corporation 4001 Penbrook Odessa, TX 79762 | 0853130 | G | E 11-21S-36E Lea Co., NM |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IV. Produced Water

| | |
|-------------------|--|
| ²³ POD | ²⁴ POD ULSTR Location and Description |
|-------------------|--|

V. Well Completion Data

| | | | | |
|-------------------------|------------------------------------|-------------------------|----------------------------|----------------------------|
| ²⁵ Spud Date | ²⁶ Ready Date | ²⁷ TD | ²⁸ PBTD | ²⁹ Perforations |
| ³⁰ Hole Size | ³¹ Casing & Tubing Size | ³² Depth Set | ³³ Sacks Cement | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

VI. Well Test Data

| | | | | | |
|----------------------------|---------------------------------|-------------------------|---------------------------|-----------------------------|-----------------------------|
| ³⁴ Date New Oil | ³⁵ Gas Delivery Date | ³⁶ Test Date | ³⁷ Test Length | ³⁸ Tbg. Pressure | ³⁹ Csg. Pressure |
| ⁴⁰ Choke Size | ⁴¹ Oil | ⁴² Water | ⁴³ Gas | ⁴⁴ AOF | ⁴⁵ Test Method |

*I hereby certify that the rules 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.

Signature:

Kris Baxter

Printed Name:

Kris Baxter

Title:

Marketing Representative

Date:

1-3-96

Phone:

(405) 235-3611

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY JERRY SEXTON

Approved by:

DISTRICT I SUPERVISOR

Title:

Approval Date:

JAN 16 1996

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

13 19 20 21 22 23 24 25 26 27 28 29
000
30004
000

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|-----------------------------------|
| Operator Devon Energy Corporation | | Well API No. 3002520591 |
| Address 20 N. Broadway Suite 1500 OKC, OK 73102-8260 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> | Change of Oil Transporter |
| 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 State "L" | Well No. 6 | Pool Name, Including Formation Oil Center Blinebry | Kind of Lease State, Federal or Fee | Lease No. |
| Location Unit Letter E : 1650 Feet From The North Line and 330 Feet From The West Line Section 11 Township 21S Range 36 , NMPM , Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|-------------------------|-------------------|--|--------------------|--|--------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Casinghead Gas <input checked="" type="checkbox"/> | Effective 4-1-89 | | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4566, HOBBS, NM 77210-4666 | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | | | Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA, TX 79762 | | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 11 | Twp. 21S | Rge. 36E | Is gas actually connected? Yes | When ? |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL

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



Signature
W.E. Wince, Jr. 405-552-4606
Printed Name
11-23-93 Contract Administrator
Title

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 08 1993**

By **ORIGINAL SIGNED BY P. KAUTZ**
GEOL

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.

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|---|-----------------------------------|
| Operator Devon Energy Corporation | | Well API No. 3002520591 |
| Address 20 N. Broadway Suite 1500 OKC, OK 73102-8260 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> | Change of Oil Transporter |
| 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 State "L" | Well No. 6 | Pool Name, Including Formation Oil Center Blinebry | Kind of Lease State, Federal or Fee | Lease No. |
| Location | | | | |
| Unit Letter E : 1650 Feet From The North Line and 330 Feet From The West Line | | | | |
| Section 11 Township 21S Range 36 , 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"/> | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666, HOBBS, NM 77210-4666 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ODESSA, TX 79762 | |
| GPM GAS CORPORATION | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 11 |
| | Twp. 21S | Rge. 36E |
| | Is gas actually connected? Yes | |
| | When ? | |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

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.


Signature
W.E. Wince, Jr. 405-552-4606
Printed Name
11-23-93 Contract Administrator
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 08 1993**

By **ORIGINAL SIGNED BY P. KAUTZ**

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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | |
|--|--|----------------------------|
| Operator Devon Energy Corporation (Nevada) | | Well API No. 3002520591 |
| Address 1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102 | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Operator Name Effective July 1, 1992 | | |
| If change of operator give name and address of previous operator Hondo Oil & Gas Co., P.O. Box 2208, Roswell, NM 88202 | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|-----------|
| Lease Name State L | Well No. 6 | Pool Name, Including Formation Oil Center Blinbry | Kind of Lease State, Federal or Fee | Lease No. |
| Location Unit Letter E : 1650 Feet From The North Line and 330 Feet From The West Line Section 11 Township 21S Range 36E, 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"/> Shell Pipeline Corporation | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 79701 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas GPM Gas Corporation | Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762 | |
| If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. E 11 21S 36E | Is gas actually connected? Yes | When? |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

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

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

OIL CONSERVATION DIVISION

JUL 09 '92

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.
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