District I

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

State of New Mexico

Energy, Minerals & Natural Resources Departs

OIL CONSERVATION DIVISION 07.'94 PO Box 2088

Submit to Appropriate District Office
5 Copies

	08 Kd., Az	tec, NM	37410		Santa Fe, I	NM 875	J4-2U8	88	C			\mathcal{J}_{V}^{H}	
												AMENDED REPORT	
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
Operator Name and Address													
Devon E	nergy O	•		oration (DEOC)				136025					
20 N. Br			_	-				³ Reason for Filing Code					
Oklahon	na City,	Oklahon	na 73102					Cha		H.			
' API 1 30-015-0			`Gray	Pool Name son SR–C	ool Name on SR-Q-G-SA				Pool Code 28509				
['] Prope LC 0293	erty Code	1590	da	TURNE	roperty Nam	roperty Name				Well Number			
		ocatio		TOICH						<u> </u>			
	Л or lot no. Section Township			Lot.Idn	Feet from the	North/South Line Feet f			rom the	East/V	Vest Line	County	
	L	17S	31E		1980	S		660		w 1		EDDY CO., NM	
	tom H	ole Lo	cation										
UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/Sout	Line Feet from the		rom the	East/West Line		County	
"Lse Code "Producing Method		d Code	Gas Conn	s Connection Date "C-129		mit Number " C-129 I		" C-129 E	Effective Date		"C-129 Expiration Date		
III. Oil and Gas Transporters													
"Transporter			_	"Transporter Name			^N POD			O/G POD ULSTR Location			
OGRID				and Addi					and Description				
				WI	(1)								
IV. Prod	ucad V	Vator								L	<u>.</u>		
17. 1100	" POD	VALCI	<u> </u>		2	POD ULST	R Locatio	n and I	Description	-	-		
									,				
V. Well	Compl	etion D											
²⁸ Spud Date		Ready Date			TD			* PBTD			Perforations		
39	Hole Size		·	" Casing &	Tuhing Size		32	Depth	2-4		# 6	Sacks Cement	
				Cabing 66		Deput Sec				Post ID3			
											11-	11-94	
											Ch	OP	
										l.			
	Test D		Gas Delivery	r Date	* Test Date	37	Test Lens	4h	ж	The D		³⁰ Cag. Pressure	
					" Test Length			™ Tbg. Pressure					
" Choke Size		41 Öil 42 Water			4 Gas			4 AOF		AOF	4 Test Method		
I hereby certify	that the rul	les of the O	il Conservati	on division ha	ve been complied								
with and that the	informatio	on given ab	overs state	complete to	the best of my		OI	L CC	NSERV	/ATI	ON DIVI	ISION	
knowledge and belief.							Approved by: SUPERVISOR DISTRICT II						
Signature: Printed Name:	TP												
Title:		Title: Approval Date: NOV O & 1004											
Date:		tions M	Phone:	(405) 55	1101 0 3 1917								
If this is a change of operator fill in the OGRID number and name of the previous operator													
			m Com]	·							
	Previous C	parator Si	patrice	and I	J. M. Du	rinted Name ckworth		Ope	rations		itle ager	Date 10/27/94	