State of New Mexico

Energy, Minerals & Natural Resources Department

Form C-104

Revised February 10, 1994

Instructions on back

PO Box 1980, Hobbs, NM 88241-1980 District II

PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

Santa Fe, NM 87504-2088

Submit to Appropriate District Office

District III

PO Box 2088

5 Copies

District IV
DO Day 2009 Santa Ea NM 97504 2009

1000 Rio Brazo	ıs Rd., Azı	tec, NM 874	10		Santa F	Fe, NM	8750)4-208	8					
District IV													AMENDED REPORT	
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Devon Fi	nergy Co	Operat orporation (tor Name and (Nevada)	1 Address								GRID Number 6137		
		Suite 1500						³ Reason for Filing Code						
	-	Oklahoma										effective 11/1/96		
	Number			⁵ Pool Name									Pool Code	
30-015-0			 	GRAYBURG JACKSON S					-				28509	
·=	erty Code	222-2	⁶ Property Nat C. A. Russell									° Well Number 6		
		0053				****				<u></u>				
UI or lot no.	Surface Location O. Section Township Range Lot.Idn Feet from the North/S						th/Sour	uth Line Feet from the East/				West Line County		
C 18 17S			31E	Lot.iun	990	I	N	II LIIIC	1384		W		EDDY CO., NM	
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UI or lot no.		Township	Range			the North/Sou		th Line Feet from		from the	om the East/		County	
01 01 101 110														
12 Lse Code	13 Produc	cing Method (Code	14 Gas Conr	nection Date	¹⁵ C-12	29 Реп	mit Numb	er	¹⁶ C-129 I	Effectiv	e Date	¹⁷ C-129 Expiration Date	
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IV. Prod	luced V	Water		·										
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V. Well	Compl	etion Da	ıta									II.		
	28 Spud Date			²⁶ Ready Date ²⁷ TD					²⁸ PBTD		²⁹ Perforations			
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™ Hole Size			31 Casing & Tubing Size				工	32 Depth Set				33 Sacks Cement		
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VI. Well	Test I	Data										.———		
	New Oil		Gas Delivery	Date	36 Tes	st Date	7	37 Test Length 38 Tbg			38 Tbg.	Pressure 39 Csg. Pressure		
40 Cho	ke Size		⁴¹ Oil		42 Wa	ater	Т	43 Gas			4	AOF	* Test Method	
							<u> </u>						<u> </u>	
I hereby certif								_) II C	ONGER	37 A T	TON DIV	HCION	
with and that t		ition given ab	ove is true 2	and complete	e to the best	of my		(JIL C	ONSER	VAI	ION DIV	ISION	
knowledge and	1 belief.	1	\mathcal{R}	000				1 1	SUPE	ERVISOR	, DIST	rrict II		
Signature: Approved by:														
Printed Name: Title:		ineering Te			Title: Approval Date: 0 C 1 9 4000									
Date:			Phone:		5) 552-452		provan	Date.	BE	U 13	1997	<u>, </u>		
		f operator fill					operat	tor.						
11	_	rgy Operati			na name or t			136025	5					
		- Y-										Title	Date	
Previous Operator Signature Printed Name Title Date											atian	Managan	NOV OF 150	