## District I

フト	rom C104
, (	Revised February 10, 1994
	Instructions on back
Submit t	o Appropriate District Office
	5 Copies

District I  PO Box 1980, Hobbs, NM 88241-1980  District II  PO Drawer DD, Artesia, NM 88211-0719  District III				719	PO Box 2088								Form C Revised February 10, 1 Instructions on I Submit to Appropriate District O 5 Cc					
1000 Rio Brazos Rd., Aztec, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088 I. REOUEST FOR					88								AMENDED REPOR					
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT  Operator Name and Address Devon Energy Operating Corporation  126025																		
	Devon 20 N.	Energ	v 0	perati Suite	no Cor	rpora	ation					136	00RI 5025	D Number				
		ma Ci			73102			Reason fo						or Filing Code				
<sup>4</sup> API	Number							Pool Name						<del></del>				
		-0526	7	<u> </u>		n Seve	en Rivers .						<b>Pool Code</b> 26790					
1591,9 Prop	erty Code	14150		Property Name											Well Nu			
II "Su	rface l	Locatio	n	Friess Federal								1						
UI or lot no.	Section	Townshi	-	Range	Lot.Idn	Feet	from the	No	orth/South	Line	Feet	from the	East/V	East/West Line County				
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UI or lot no.	Section 1	Townshi		Range	Lot.Idn	le.	E . 4	-	4 1									
	Section	Townsia	ν	VERISE	Locion	reet	from the	No	rth/South	Line	Feet	from the	East/V	Vest Line		County		
Lee Code F	" Produ	cing Meth	od Co	de	Gas Com		-	" C-	129 Perm	it Numbe	-t	" C-129	 Effective	Date	"C-129 Expiration Date			
	nd G	as Trai	en	ortore	8-1.	3-6	9											
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IV. Prod	uced V	Vater												<u> </u>	<i></i>	<u></u>		
DBA	VALUE A	100	-					* POI	ULSTR	Location	n and D	escription						
V. Well (	Comple	etion I	ats			<del></del>												
" Spud Date " Hole Size				Ready Date				" TD " PBTD					<del></del>	<del></del>	n.c.			
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Titule State				<sup>51</sup> Casing & Tubing Size					n Depth Set					a S	acks Cerr	ent		
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	<u>'</u>		┽															
VI. Well		ata					<u> </u>		L									
<sup>™</sup> Date New Oil <sup>™</sup> Gas Deli <sup>™</sup> Choke Size <sup>™</sup> Oil			Delivery Date ** Test Date				" Test Length "					Tbg. Pressure Scape Cag. Pressure						
			" C	Oil 42 Water					43 Gas					" AOF " Test Met				
hereby certify th	ant the male		10			<u> </u>			<u> </u>							1 est Method		
hereby certify the interest that the i	nformation	n given ab	ove is	true and co	uvision hav Implete to t	to been o the best	complied of my		-	ОΠ	CO	MCEDY	'A TTO	AT DOTT	3703-			
nowledge and be	lief.	Ra	1				<i>J</i>							N DIVI: D BY TI		C1122		
rinted Name: Kris Bourton								oved by:		DIST	RICT II	Supe	RVISOR	767 <b>VV.</b> (	SUM			
itle: Marketing Representative								Title:	oval Date:									
ate: 02-21-95 Phone: 405-235-3611  If this is a change of operator fill in the OGRID number and name of the previous													- III	9 1995	· · · · · · · · · · · · · · · · · · ·			
If this is a cha	nge of ope	rator fill is	the (	OGRID nu	mber and n	ame of	the previou	us oper	ator									
Pr	revious Op	erator Sig	natur	. ———			p.	inted N	Jame	<del></del>		<del></del>						
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