REC	EIVED -					~ "			!	
Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	12 '89 Energ		rals and Na	iew Mexico tural Resourc ATION I			Santa Fe	Form C- Revised See Instr at Botto	1-1-89	
DISTRICT II P.O. Drawer DD, Anesia, NM 88210 ARTES	C. D.		P.O. B	ox 2088 lexico 8750		• •	File Transporte	Oil Gas		
DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410		T FOR	ALLOWA	BLE AND	AUTHORIZ		Operator			
Devon Energy Corporation (Nevada)							PI No.	·····		
Address		·····					<u></u>		· · · · · · · · · · · · · · · · · · ·	
1500 Mid America To	ower, 20 No	orth E	Broadway		na City, er (Please expla		a 73102	2		
Reason(s) for Filing (Check proper box) New Well	Char	ige in Trai	usporter of:_		_		0		!	
Recompletion	Oil		Gas 🔲	oper	ator Nam	e Chang	C			
Change in Operator f change of operator give name	Casinghead Gas	Cox	idensate							
nd address of previous operator	<u> </u>							<u> </u>		
I. DESCRIPTION OF WELL Lease Name		No. Poo	Name, Includ	line Formation		Kind	of Lease	14	rase No.	
Etz "C" State	19	No. Poc	Grayburg	Jackson	5R-Q-G-C	54 (See.)	Federal or Fee			
Location F	1980			North	. 1980	· }		West		
Unit Letter	_ :	Fee	t Prom the	110	and	re	et From The _	West	Line	
Section 16 Townshi	p 17S	Rat	nge 30E	, N	MPM,	Eddy			County	
II. DESIGNATION OF TRAN	SPORTER O	F OIL	AND NATU							
Name of Authorized Transporter of Oil	1 X	ondensate			e eddress to wh Box 1510	• •			nt)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address					P.O. Box 1510, Midland, Texas 79701 ddress (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.					P.O. Box 2197, Houston, Te					
if well produces oil or liquids, ive location of tanks.	Unit Sec.		7S 30E	Yes	y connected?		- 10-72			
this production is commingled with that V. COMPLETION DATA	from any other lea	se or pool	, give commin	ling order num	ber:					
Designate Type of Completion		Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Rea	ady to Pro	d.	Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
erforations								Depth Casing Shoe		
	TUBI	NG. CA	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE		& TUBIN		DEPTH SET			SACKS CEMENT			
										
A MENOR DAMA AND DECIMA	T FOD ALL	OW/A DI	F					_		
. TEST DATA AND REQUES OIL WELL (Test must be after r) I FUK ALL recovery of total w	olume of la	JE ad oil and mu	: be equal to or	exceed top allo	owable for the	s depth or be	for full 24 hou	rs.) 🗸	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, et			uc.)			
Length of Test	Tubing Pressure			Casing Press	Casing Pressure			Choke Size		
				11/ ₁₁ - 10.1.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls	Water - Durk					
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)		Casing Press	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.					OIL CONSERVATION DIVISION JUN 1 4 1989 Date Approved					
	- I			u Daie	. AUDIOVE	C)				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

June 8,

1989

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Ву.

Title

ORIGINAL SIGNED BY

SUPERVISOR, DISTRICT IT

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

235-3611 Telephone No.

- 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.