

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

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DEC - 6 1992

O.C.D.
OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Devon Energy Corporation (Nevada) ✓	Well API No. 30-015-27102
Address 20 North Broadway Suite 1500 Oklahoma City, OK 73102	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
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 Todd "26" Federal	Well No. 10	Pool Name, Including Formation Ingle Wells Delaware	Kind of Lease State Federal 2088	Lease No. NM0405444-A
Location Unit Letter K : 1980 Feet From The south Line and 2310 Feet From The west Line Section 26 Township 23S Range 31E, NMPM, Eddy 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 2436 Abilene, TX 79604	
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) P.O. Box 283 Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit F Sec. 26 Twp. 23S Rge. 31E	Is gas actually connected? yes When? immediately

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/21/92	Date Compl. Ready to Prod. 12-14-92	Total Depth 8400'		P.B.T.D. 8351'				
Elevations (DF, RKB, RT, GR, etc.) 3443.2' G. L.	Name of Producing Formation Delaware	Top Oil/Gas Pay Delaware 7944'		Tubing Depth 7879'				
Perforations 8104' - 8152' and 7944' - 8035'		Depth Casing Shoe 8400'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		845'		600 sks			
11"	8 5/8"		4416'		2400 sks			
7 7/8"	5 1/2"		8400'		1100 sks			
	2 7/8"		7879'					

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 12-9-92	Date of Test 12-13-92	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs	Tubing Pressure 340	Casing Pressure 1280	Choke Size 24
Actual Prod. During Test	Oil - Bbls. 309	Water - Bbls. 119	Gas - MCF 290

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.

Debby O'Donnell
Signature
Debby O'Donnell Engineering Technician
Printed Name
Title
Date 12-14-92 (405) 235-3611
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 29 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.