Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION DFC 21 1993

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 8	7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.		TO TF	RAN	SPORT O	L AND NA	TURAL G	AS			. '		
Operator							Well	API No.				
Devon Energy Corporation (Nevada) Address							30-0	015-27383				
20 North Broadway,	Suite 1	500,	0k1	ahoma Ci	ty, OK	73102						
Reason(s) for Filing (Check proper box)					Ot	her (Please expl	lain)					
New Well	0"			insporter of:			55					
Recompletion	Oil Casinghea			y Gas 📙		Change 6	effectiv	e Jan. 1,	1994			
If change of operator give name	Changnes	Gas L	λια	noensate								
and address of previous operator						··				· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name	12 12 22	Well No	. Po	ol Name, Inclu	ing Formation		Kind	of Lease	T - i	ease No.		
Todd "25E" Federal							Federal or Fee NM 0544986					
Location E	1	920			N 1		· · · · · · · · · · · · · · · · · · ·		.1			
Unit Letter	:	920	Fe	et From The	North L i	66 ne and	0U Fe	et From The	est	Line		
25	T	23S		R31I					J.,			
Section Townshi	р		Ra	nge KOTT	, N	MPM,	·	Ed	ау	County		
III. DESIGNATION OF TRAN	ISPORTE	ROFO	MI.	AND NATI	IDAT GÁC					i.		
Name of Authorized Transporter of Oil EOTT Energy Corp	OT For	or Cond	ensale	· C	Address (Gi	ve address to wi	hich approved	copy of this form	is to be e			
EOTT Energy Corp	Effor	rgy O			P. 0.	Box 1188	Housto		7251-1			
Name of Authorized Transporter of Casin	ghead Gas	XX	of	Dry Gas				copy of this form				
Llano Inc							lobbs, N					
If well produces oil or liquids, give location of tanks.		Sec.	Tw									
·	F L	25		23S 31E		les .		09-10-93	*			
f this production is commingled with that V. COMPLETION DATA	from any other	r lease o	r pool	, give comming	ling order num	iber:						
v. COMPLETION DATA		10:11) 	·	1	·					
Designate Type of Completion	- (X)	Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Date Spudded	Date Compl	. Ready	to Pro	L d.	Total Depth	I	<u> </u>	P.B.T.D.				
· · · · · · · · · · · · · · · · · · ·					•							
Elevations (DF, RKB, RT, GR, etc.)	B, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
Perforations					<u> </u>				Depth Casing Shoe			
•								Deput Casing Si	106			
	Tī	JBING	. CA	SING AND	CEMENTING RECORD							
HOLE SIZE		NG & T			DEPTH SET			SACKS CEMENT				
								Posted ID-3				
								12-31-93				
· · · · · · · · · · · · · · · · · · ·						Elia Trans						
TECT DATA AND DECLICO	T FOR A	LOS	4 5 4		<u> </u>	•						
I. TEST DATA AND REQUES OIL WELL (Test must be after re												
Date First New Oil Run To Tank	aa ou ana musi	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
	ate First New Oil Run To Tank Date of Test						From Cing Menton (From, pump, gas tyr, etc.)					
ength of Test	Tubing Press	ure			Casing Press	ire		Choke Size				
				•								
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF					
	L				<u> </u>		7.020					
GAS WELL												
ctual Prod. Test - MCF/D	Length of Te	st			Bbls. Conden	sate/MMCF		Gravity of Cond	ensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	Casing Pressure (Shut-in)			Choke Size				
	Ĺ <u></u>	·			\ <u>r</u>							
L OPERATOR CERTIFICA	_				(אר כטאו	SERVA	TION DI	VISIO	.A.I		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved DEC 2 8 1993							
101					Date	Approved						
MCCh/				·	D	0.	►s.	٠,				
Signature Control Advisor Advi					By 3700 Rep							
W. E. Wince, Jr. Contract Administrator Printed Name Title					Title SUBERVISOR DISTRICTIV							
December 20, 1993	(40)5) 2:	•		Title.			USPRIA.				
Date Telephone No.						"CT"						

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.