lox 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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સંદેવ :		Form C-104 Revised 1-1-89 See Instructions
DEC 21	1993	at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Operator Well 30 15-27385										
Devon Energy Corp	oratio	on (N	evac	la) 🗸	· ·					· · · · · · · · · · · · · · · · · · ·	
Address 20 North Broadway, S	Suite 1	500, 0	klal	noma Cit	y, OK 7	3102				•	
Reason(s) for Filing (Check proper box)					Oth	et (Please expl	ain)				
New Well Recompletion	Oil	Change in	Dry		. Ch	ange eff	ective	Jan. 1,	1994		
Change in Operator		ad Gas 🔀									
if change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No. Pool Name, Includin							of Lease		Lease No.	
Todd "25L" Federal		12 Ingle Wells De				Delaware State,			rederal or Fee NM0544986		
Location L Unit Letter	_ :	1982		From The	South Lin	660	F	et From The _	West	Line	
Section 25	D	T23S	Rang	R3	1E N	MPM,			Eddy	County	
		n or o			D. 1. G. 6		•			٠	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil EOTT Energy Corp	SPORTE FORTE	or Conde	IL A	ND NATU	Address (Giv	e address to wi	hich approved	copy of this for	m is to be se	ent)	
	Effe	eigy Op Ctive_4-		•	Р О Вох	1188 Ho	uston,	Tx 7725	l-1188		
Name of Authorized Transporter of Casin Llano Inc	ghead Gas	X.	· of D	ry Gas	Address (Giv 921 San	e <i>address to wl</i> ger Hob	hich approved bs NM	l copy of this for 88240	m is to be se	int)	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.			When				
give location of tanks.	F	25	23		Yes		l	Septembe	<u>r:27¦o</u>	1993	
If this production is commingled with that IV. COMPLETION DATA	from any oth	her lease or	pool, (give commingl	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	ame Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	<u> </u>	J	P.B.T.D.		_ <u></u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations								Depth Casing Shoe			
					CEMENTI	NG RECOR	D	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CA	SING & TI	JBING	SIZE	· .	DEPTH SET	*.	SA	CKS CEME	ENT	
								 			
. TEST DATA AND REQUES	T FOR A	LLOW	ABLI	<u> </u>				1	·		
OIL WELL (Test must be after r					be equal to or	exceed top allo	wable for thi	depth or be for	full 24 how	3.) '	
Date First New Oil Run To Tank	Date of Te	st .			Producing Me	thod (Flow, pu	mp, gas lift, e	ic.)			
Length of Test	Tubing Pressure				Casing Pressu	ire		Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF			
GAS WELL	1			<u>,, , , , , , , , , , , , , , , , , , ,</u>						· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	sale/MMCF		Gravity of Co	densate	 	
						,					
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFIC				NCE		NI 001	OF 10.	ATION -	0.40.0	• •	
I hereby certify that the rules and regulations of the Oil Conservation					١	AL CON	ISEKV/	ATION D	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date ApprovedDEC 2 8 1993							
Nother!						• •					
Signature W. E. Wince, Jr Contract Administrator				By							
W. E. Wince, Jr Contract Administrator Printed Name Title				Title							
December 20, 1993	(405				Title.				77		
≥ oit		I ele	phone	140.	H					•	

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.