## District I

PO Box 1980, Hobbs, NM 88241-1980

Printed Name

Title:

Date:

Karen Byers

Phone:

If this is a change of operator fill in the OGRID number and name of the previous operator

Engineering Technician

**Devon Energy Operating Corporation** 

Previous (

District II

PO Drawer DD, Artesia, NM 88211-0719

Energy, Minerals & Natural Resources Departm

Revised February 10, 1994

Instructions on back

Form C-104(

## **OIL CONSERVATION DIVISION**

State of New Mexico

Submit to Appropriate District Office

PO Box 2088 District III Santa Fe, NM 87504-2088 1000 Rio Brazos Rd., Aztec, NM 87410

District IV

AMENDED REPORT

PO Box 2088, Santa Fe, NM 87504-2088 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT															
Operator Name and Address											OGRID Number				
Devon Energy Corporation (Nevada) 20 N. Broadway, Suite 1500										Reason for Filing Code					
Oklahom		CH effective 11/1/96													
^ API 1	Pool Name														
								CKSON SR-Q-G-SA				28509			
	erty Code	1150	2	Property Nam									° Well Number 11		
		0028 ocation		H. E. WEST "A"										<u>. I</u>	
UI or lot no.	Section Township 3 17S			- 1		from the			th Line Feet fro				Line County EDDY CO., NM		
"Bottom Hole Loca								<u> </u>		<u> </u>			,		
UI or lot no.	Section Township			Lot.Idn	Feet f	from the	North/Sout	North/South Line		Feet from the		East/West Line		County	
12 Lse Code F	le 13 Producing Method C		od Code	<sup>14</sup> Gas Connection Date		<sup>15</sup> C-129 Perr	<sup>15</sup> C-129 Permit Numbe		<sup>16</sup> C-129 Effectiv		e Date	" C-129	<sup>17</sup> C-129 Expiration Date		
	nd Ga	s Tran	sporters							<u></u>					
18 Transporter OGRID				<sup>19</sup> Transporter Name and Address				<sup>20</sup> POD <sup>21</sup> O <sub>4</sub>			POD ULSTR Location and Description				
22628			Tex	Texas-New Mexico Pipeline P. O. Box 60028				2308110 O							
			Sa	an Angelo,											
5097			1406	Conoco, Inc. 1406 N. West County Road				2308130 G					-		
			Hobt	Hobbs, New Mexico 88240											
										RECEIVED					
												DEC - 3 1996			
IV. Prod	uced V	Vater													
1,, 1,0-	<sup>20</sup> POD						<sup>24</sup> POD ULST		n and	Description	1			· · · · · · · · · · · · · · · · · · ·	
V. Well Completion Data															
	25 Spud Date						<sup>27</sup> TD	D <sup>26</sup> PBTI			<sup>29</sup> Perforations				
30 Hole Size				31 Casing & Tubing Size				32 Depth Set				33 Sacks Cement			
VI. Well	Test D													<u>.</u>	
			Gas Delivery	s Delivery Date See Test Date			e 31	37 Test Length			Tbg. 1	Tbg. Pressure See Csg. Pressure			
<sup>40</sup> Choke Size		4 Oil	" Oil				43 Gas		_	4 AOF			45 Test Method		
*I hereby certify						•							-~:		
with and that th knowledge and		iion given a	above is true	and complete	to the b	est of my						ON DIV	ISION		
Signature:	<u>K</u> a	ren	Bye	10			Approved t	by:	SUP	ERVISOR	, DIS	TRICT II			

Title:

(405) 552-4527

Approval Date:

OGRID # 136025

Printed Name

Rick Clark

DEC 1 3 1996

Title

Production Manager

Date