District I

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

State of New Mexico

Energy, Minerals & Natural Resources Departme

Revised February 10, 199

Instructions on back

OIL CONSERVATION DIVISION

PO Box 2088

Submit to Appropriate District Office

District III

1000 Rio Braz	on Dd 🛕	-too NM	0741N	Santa Fe, NM 87504-2088								3 сори	
District IV	08 Ku., A.	ziec, inivi	8/410	10 Santa PC, 19191 0/304-2088								AMENDED REPOR	
PO Box 2088, Santa Fe, NM 87504-2088													
I.	· · · · · · · · ·			LOWAB	BLE AND A	AUTHOR	IZAT	ION	TO T	RANS	PORT		
			erator Name ar								D Number	· · · · ·	
Devon E		6137											
20 N. Br	•					³ Reason for Filing Code CH effective 11/1/96							
Oklahom	na City, Number												
30-015-0				⁵ Pool Name GRAYBURG JACKSON SR				Pool Code R-Q-G-SA 28509					
	erty Code			* Property Name								Well Number	
	-	2005	8	1				,"				18	
		ocation											
UI or lot no.	Section	Township		Lot.Idn	Feet from the	North/Sout	h/South Line Fee				est Line	County	
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	Υ	lole Lo											
UI or lot no.	Section	Township		Lot.Idn	Feet from the			Line Feet from the		East/W	est Line	County	
12 Lse Code	13 Produc	cing Metho	od Code	14 Gas Conne	ection Date	¹⁵ C-129 Pern	nit Numb	er	¹⁶ C-129 I	Effective	Date	¹⁷ C-129 Expiration Date	
F City			1			<u> </u>							
III. Oil a		s Tran	sporters										
	¹⁶ Transporter OGRID			Transporte and Addr	یم	²⁰ POD 21 O/G				²² POD ULSTR Location and Description			
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	FUL					PUD ULST	R Locain	on and	Description	1			
V. Well C	Comple	etion D	ata						 -			· · · · · · · · · · · · · · · · · · ·	
	** Spud Date			Ready Date	²⁷ TD		Т	28 PBTD			29 Perforations		
•			_	Ready Date								Periorations	
30	™ Hole Size			31 Casing & 1		32 Depth Set				33 7	Sacks Cement		
													
VI. Well	Test D	ata	<u></u>										
³⁴ Date N			Gas Delivery I	Date:	38 Test Date	37	ngth 38 Tbg.			220180	1 39 C Dross		
2			as Bonvery Bace			37 Test Length			IUg. FI	essure	39 Csg. Pressure		
40 Choke	Size		41 Oil		42 Water		43 Gas		44		OF	45 Test Method	
					have been compli								
		on given a	bove is true an	d complete to	to the best of my		OI	IL CC	ONSERV	/ATIO	N DIVI	SION	
knowledge and belief.													
Signature: Printed Name:		Approved by: Grip RIVINGR DISTRICT II											
Title:	Engin	Karen I	echnician			Title: Approval Date:							
Date: 11 Z		Phone:	(405)	552-4527	Approvar Da	Approval Date: DEC 13 1996							
		perator fill			name of the pre-	wious operator				100	<u></u>		
			ing Corpora		_	OGRID # 13							
		perator Si				Printed Name				Ti	tle	Date	
								NOV 2 5 199					