

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

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

SEP 18 '89

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
B-1483

7. Lease Name or Unit Agreement Name

Etz State Unit 1A
(was Etz State "J" #22)

8. Well No.

4-3

9. Pool name or Wildcat
Grayburg

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN WELLS BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER Injection

2. Name of Operator

Devon Energy Corporation (Nevada)

3. Address of Operator

1500 Mid-America Tower, Oklahoma City, OK 73102

4. Well Location

Unit Letter 0 : 990 Feet From The south Line and 2310 Feet From The east Line

Section 16

Township 17S

Range 30E

NMFM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR 3672

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Convert to Injection ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. MIRUPU. Pull rods, pump and tbq.
2. Run csg scraper to 2910'. GIH w/CIBP and set at 2850'. Dump 25' cmt on top.
3. Pick up internally plastic coated 5 1/2" X 2 3/8" Baker AD-1 packer and internally plastic coated 2 3/8" 4.7# J55 8rd EUE tbq and TIH to 2475'. Load backside of tbq w/packer fluid. Set packer. Pressure test annulus in presence of NMOCD field representative to 300 psi.
4. Install wellhead equipment and injection line to battery. Place well on injection at rate of 200 BWPD.
5. This conversion was authorized on September 6, 1989 by Order #R-7926-A, Case #9735.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J.M. Duckworth TITLE District Engineer DATE 09-14-89

TYPE OR PRINT NAME J.M. Duckworth (405) 235-3611 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY MIKE WILLIAMS TITLE SUPERVISOR, DISTRICT II DATE OCT 30 1989

CONDITIONS OF APPROVAL, IF ANY:

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

RECEIVED

OCT 16 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Devon Energy Corporation (Nevada)	Well API No. 30-015- 20745
Address 1500 Mid-America Tower, 20 North Broadway, Oklahoma City, OK 73102	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) Change well name from Etz "J" State #22 Recompletion <input type="checkbox"/> Change in Transporter of: 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 Etz State Unit (TR 4)	Well No. 3	Pool Name, including Formation Grayburg-JACKSON-SF-D-E-SA	Kind of Lease State, Federal or Fee	Lease No. B 1483
Location Unit Letter 0 : 990 Feet From The south Line and 2310 Feet From The east Line Section 16 Township 17S Range 30E NMPM Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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.

Signature
J.M. Duckworth District Engineer
Printed Name
10-3-89 Title
Date (405) 235-3611 Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 20 1989

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.

RECEIVED

JUN 20 '88

O. C. D.
ARTESIA, OFFICE

RECEIVED

JUN 07 '88

O. C. D.
ARTESIA, OFFICEForm C-104
Revised 10-01-78
Format 08-01-83
Page 1STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.A.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
OPERATION OFFICE	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Devon Energy Corporation ✓	
Address 1500 Mid-America Tower, 20 N. Broadway, Oklahoma City, OK 73102	
Reason(s) for filing (Check proper box)	
<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Coastinghead Gas <input type="checkbox"/> Condensate
Other (Please explain)	

If change of ownership give name and address of previous owner: Texas American Oil Corporation, 300 West Wall, Suite 400, Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Etz "J" State	Well No. 22	Pool Name, including Formation Grayburg Jackson SR-Q-G-SA	Kind of Lease State, Federal or Fee State	Lease No. B-1483
Location Unit Letter <u>O</u> : <u>990</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>16</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Coastinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 431, Midland, Texas 79701
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : N : 16 : 17S : 30E
Is gas actually connected?	When Yes : 12-1-72

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

J.M. Duckworth
(Signature)
J.M. Duckworth, District Engineer

(Title)
May 17, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 2 2 1988

BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.