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Appropriate District Office
DISTRICT I
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State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

	Rev	
Santa Fe		$\mathbf{H}$
File		M

<u>DISTRICT II</u> P.O. Drawer DD, Artea	ia, NM	B8210 C.	. C. D. SIA, OFFIC	e Sa	inta 1		ox 2088 exico 8750	14-208	38		File	Qil	扭	
DISTRICT III 1000 Rio Brazos Rd., A	Lziec, NN		REQL	JEST F	OR	ALLØWA!	BLE AND A	AUTH	IORIZ	ATION	Operato	1000	11	
I. Operator			<del></del>	IO IRA	4NS	PORT OII	L AND NA	IUnz	IL GA	Well A	Pl No.			
Devon En	ergy	Corpora	ation	(Nevad	la) 🗸	/								
Address 1500 Mid	Amer	ica To	wer, 2	0 Nort	h B	roadway							<del>}</del>	
Reason(s) for Filing (C	heck pro	per box)			_		عي	•	se explai	•		WIW		
New Well	H		Oil	Change in	Dry		Ope:	rator	Name	e Chang	e /	J'Y'		
Recompletion  Change in Operator			Casinghea	id Gas		densate					(			
If change of operator gi	ive name						74.							
and address of previous	•						- <u>-</u>						<u> </u>	
II. DESCRIPTIO	<u>on of</u>	WELL A	IND LE	Well No.	Poo	Name, Includ	ing Formation	かし			of Lease		ase No.	
Etz "J" Sta	ate			2		Grayburg	Jackson	(Qu	een)(	JH Same,	Federal or Fed	B-1	483 ————	
Location Unit Letter	J		. 2	310	Feet	From The	South Lin	e and _	2310	) Fe	et From The	East	Line	
Section	16	Township	17	S	Ran	301	•	мрм,		Eddy			County	
		E 600 A 310	non m	n of o		AITA BI A TT	TDAT CAS							
III. DESIGNATI Name of Authorized T			FORTE	or Coade		TAN UNAIL	Address (Git	ne addre	ss to wh	ch approved	copy of this f	orm is to be se	nı)	
Texas New			The	<del>Compan</del>	· ·							79701		
Name of Authorized T		er of Casing	nead Gas		or I	Ory Gas	Address (Gi	ne addre Ross	ss to whi 2107	ch approved	copy of this for the second	orm is to be se	ni)	
Conoco, I			Unit	Sec.	Tw	p. Rge	<u> </u>			When		77232		
give location of tanks.		 	F	16		7S 30E	<u> </u>			i				
If this production is con	on DA	i with that it LTA	rom any ou	ner iease oi	r pool,	Sine continue	Strug Order Berry	ioer.	-					
			<b>a</b> n	Oil Wel	11	Gas Well	New Well	Work	cover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type  Date Spudded	of Cor	mpletion -		ipl. Ready t	io Pro	d.	Total Depth	<u></u>			P.B.T.D.	1	<del></del>	
Date Spunded Date Comp. Roady & Front														
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Tubing Dep	Tubing Depth					
Perforations						<u>·</u>					Depth Casin	ng Shoe		
				TUBING	. CA	SING ANI	CEMENT	ING R	ECOR	D	<u>'</u>			
HOLE	SIZE			SING & T				DEPTH SET				SACKS CEMENT		
										•	<u> </u>		<del></del>	
V. TEST DATA	AND I	REQUES	T FOR	ALLOW	ABI	E			J 11 -		is don't or be	for full 24 hou	, V	
OIL WELL Date First New Oil Ru			Date of T		e of lo	ad oil and mu	st be equal to a	nethod (	Flow, pu	mp, gas lift,	eic.)	jor jan 24 noa		
Date First New Oil Ki	10 14	<u>u</u> k	Date of 1	c sx				· .						
Length of Test			Tubing Pressure			Casing Pres	Casing Pressure			Choke Size				
		Water - Bbls.			Gas- MCF									
Actual Prod. During T	i cei		Oil - Bbls	) <b>.</b>										
GAS WELL														
Actual Prod. Test - M	CF/D		Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate			
			Tubing P	ressure (Sh	ut-in)		Casing Pres	sure (Sh	rut-in)		Choke Size	:		
Testing Method (pitot,	. back pr.	,	Taning F		•44)			,,						
VI. OPERATO	)R CF	RTIFIC	ATE O	F COM	PLI	ANCE			001	ICEDY	/ATION!	חוווכול		
I hereby certify tha	at the rule	es and regula	ations of th	e Oil Cons	ervatio	ъъ		OIL	CON	19EHV	AHON	DIVISIO	NIC.	
Division have been	n complie	ed with and t	that the inf	ormation g	iven a	bove		_ 4 -		٠ ،	JUN 1 4	1989		
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	7///	such	- The				By.		ი	RIGINAL	SIGNED	BY		
Signature	)uckw	orth, D	istri	et Eng	ine	er	۔ لات		M	IKE WIL	LIAMS			
Printed Name	•				Tit	le	Title	e	S	UPERVIS	OR, DIST	RICT IT	<del></del>	
T., n.o. Q	100	ı u	<b>/</b> /	1051 2	35_1	4611	I I							

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

Telephone No.

- 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.