District II

District III

State of New Mexico Energy, Minerals & Natural Resources Department

Revised February 10, 1994

Instructions on back

OIL CONSERVATION DIVISION 07.'94 PO Box 2088

Santa Fe, NM 87504-2088

O. C. D.

Submit to Appropriate District Office 5 Copies

PO Box 1980, Hobbs, NM 88241-1980

PO Drawer DD, Artesia, NM 88211-0719

1000 Rio Brazos Rd., Aztec, NM 87410

District IV ARTESIA, OFFICE AMENDED REPORT PO Box 2088, Santa Fe, NM 87504-2088 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT											
Operator Name and Address Devon Energy Operating Corporation (DEOC) 20 N. Broadway, Suite 1500							OGRID Number 1360 35 Reason for Filing Code				
Oklahoma 'API Nu	lahoma	73102 Pool Name					Change of Operator Pool Code				
30-015-050		Grayburg Jackson SR-					Q-G-SA 28509				
Property LC 029426			HEW	· F EST "B"	roperty Nan	æ			Well Number		
				11. 2. 11. 2.							
UI or lot no. Se		wnship	Range	Lot.ldn	Feet from the	North/Sour	th Line	Feet from the	East/West Line	County	
" Botte	4 17 om Hol	e Locat	31E ion		2005	N		660	ol w	EDDY CO., NM	
		wnship	Range	Lot.Idn	Feet from the	North/Sout	th Line	Feet from the	East/West Line	County	
Lse Code Producing Method			de	e Gas Connection Date "C-129 Perm			nit Numbe	ber C-129 Effective Date C-129 Expiration Date			
III. Oil and Gas Transporters											
Transporter OGRID			" Transporter Name and Address				POD	* O/G		POD ULSTR Location and Description	
			WIW								
IV. Produc	ced Wa	nter									
POD POD ULSTR Location and Description											
V. Well Co	ompleti	on Dat	9								
* Spud Date						TD	PBTD "PBTD			28 Perforations	
* Hole Size			³¹ Casing & Tubing Size				²² Depth Set			** Sacks Cement	
										Posted ID3	
										Chg. OP	
VI. Well T	est Dat	<u>l</u>								3	
			s Delivery Date ** Test Date				³⁷ Test Length		* Tbg. Pressure	* Cag. Pressure	
4 Choke S	ize	41	Oil		42 Water		43 Gas		" AOF	4 Test Method	
"I hereby certify that the rules of the Oil Conservation division have been complied with and that the information given above is true and complete to the treat of my knowledge and belief. Signature: Printed Name: J. M. Duckworth Approved by: CIDEBUISOR DISTRICT II											
Title:		ns Mana				Approval D	ate:	NOV OR 1	994		
Date: Phone: (405): 552-4530 "If this is a change of operator fill in the OGRID number and name of the previous operator											
Soco	erro Det	roloum i	Compa	9947	ame of the previou	is operator					
Previous Operation Stansitive Printed Name Title Date J. M. Duckworth Operations Manager 10/27/94											