State of New Mexico

Energy, Minerals & Natural Resources Departm

Form C-104

Instructions on back

Revised October 18, 1994

District II OIL CONSERVATION DIVISION PO Drawer DD, Artesia, NM 88211-0719

2040 South Pacheco

Submit to Appropriate District Office

5 Copies

District III 1000 Rio Brazos Rd., Aztec, NM 87410

PO Box 1980, Hobbs, NM 88241-1980

Santa Fe, NM 87505

District IV

X AMENDED REPORT

3/20/00

District Manager

2040 South Pa		•									لــــا		
I.	REQ				E AND AU	THORIZ	ZATIO	C NC	TO TRA				
Operator Name and Address Devon Energy Production Company, L.P.							OGRID Number						
	6137 Reason for Filing Code												
		homa City	, OK 73102	2-8260			<u> </u>		СН	1/1/2			
API Number 30-015-05106 Gravburg Jackson SI						Pool Name Pool Code							
	erty Code	00		Grayburg Jackson SR-QN-GB-S * Property Nam								28509 Well Number	
20086				J L Keel B				weil Number 5					
II. "Su	rface L	ocation											
UI or lot no.	08 17S		Range 31E	31E		North/Sout FSL		Line Feet from the 660		East/West Line FWL		County Eddy	
		lole Loca	7	· · · · ·									
UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/Sout	h Line	Feet	from the	East/W	est Line	County	
12 Lse Code	13 Produc	cing Method (Code	Gas Conn	ection Date	¹⁵ C-129 Permit Number ¹⁶ C		¹⁶ C-129 I	C-129 Effective Date		"C-129 Expiration Date		
		s Transp	orters										
Transporter				Transporte	20	²⁰ POD					POD ULSTR Location		
OGRID			 ,	and Addr				 -	┼	and I	Description		
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IV. Prod	POD POD	vater	T			* POD ULST	TD T		D				
	2306850)				rob ots i	R Locano	on and	Description				
V. Well (Comple	etion Dat	ta										
25 Spud Date		28 Ready	Date	27 TD		28 PBTI)	T	²⁹ Perforat	ons		30 DHC, DC, MC	
31	31 Hole Size			32 Casing & Tubing Size			3	33 Depth Set				Sacks Cement	
				cusing &	world over	-		Бери	ii Set			sacks Cement	
VI. Well	Test D	ata	<u> </u>			<u>l</u>							
35 Date 1			as Delivery Da	te	37 Test Date	38	Test Leng	gth	39	Tbg. Pr	essure	40 Csg. Pressure	
41 01 1	· ·		41		42								
⁴¹ Choke			⁴² Oil		43 Water		" Ga	.s		45 A	.OF	⁴⁶ Test Method	
"I hereby certify				_	-								
with and that the knowledge and b	1 -	n gifth above	Is true and co	implete to the l	best of my				ONSERV				
Signature:	<u> </u>	Chr 3.4.3				1			IGNED I			j n	
Printed Name: Steve McNally Title: District Manager							Title: OISTRICT II SUPERVISOR						
						Approval Date: MAR 3 0 2000							
If this is a ch	ange of op	erator fill in t	ne OGRID nur		e of the previous o	perator							
6130			n Energy 2										
	Previous C	perator Signa	ture /		P	rinted Name				T	itle	Date	

Steve McNally