Submit 5 Copies Appropriate District Office DISTRICT 1	ECEIVEL		-		ew Mexico ural Resour		oartme	nt		Form C Revised	1-1-89	
P.O. Box 1980, Hobbs, NM 88240	UN 12'8	ÖIL C	ONS	ERVA	TION I	DIVI	SIO	N		See Inst at Botto	m of Page	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	• 0. C. D			P.O. B	ox 2088 exico 875				Santa Fe File		HA	
I. TO TRANSPORT OIL AND NATURAL GAS												
Operator Devon Energy Corporation (Nevada)												
Address 1500 Mid America Tower, 20 North Broadway, Oklahoma City, Oklahoma 73102												
Reason(s) for Filing (Check proper box)		·	······			et (Pleas						
New Well Change in Transporter of: Recompletion Oil Dry Gas Operator Name Change												
Change in Operator	Casinghe	ad Gas	Condens	nte 🗌	. <u>-</u>			(~~~~			
and address of previous operator												
Lasee Name Well No. Pool Name, Including Formation Kind of Lease Lease No.												
Location		3	Gra	yburg	Jackson	5 K -Y.	- 9-1	T Sine,	rederal or ree	B-21	30	
Unit LetterC	_ :66	50	Feet Fro	m The	orth Lin	e and	198	0 Fo	et From The _	West	Line	
Section 16 Townshi	<u>р 17</u>	'S	Range	30E	<u>, N</u>	MPM,		Eddy			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil Texas-New Mexico Pip	eline C	or Conden Company							copy of this fo d., Texas			
Name of Authorized Transporter of Casin	Gas	Address (Give address to which approved copy of t P.O. Box 2197, Houston, Te										
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 16	Тwp . 17S	Rge. 30E	Is gas actually connected? When ? NO							
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA												
Designate Type of Completion	- 00	Oil Well	G	s Well	New Well	Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	1			P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
terforations									Depth Casing Shoe			
	CENENTING BECORD											
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
					:							
									1			
V. TEST DATA AND REQUES					L			un bila dan akin	darih ar ha fi	- 6.11 94 have		
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.) V 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 - Bbis				Gas- MCF			
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF				Gravity of Co	Gravity of Condensate		
Testing Method (pilot, back pr.)					Casing Pressure (Shut-in)				Choke Size			
(Sung Method (paor, oack pr.)			<u> </u>									
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the jest of multipowiedge and belief.					JUN 1 4 1989							
IMA T CA												
Signature M. Ducksorth District Engineer					ByORIGINAL SIGNED BY							
J. M Duckworth, District Engineer Printed Name June 8, 1989 (405) 235-3611					SUPERVISOR, DISTRICT I							
June 8, 1989 Date												

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.

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