Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 ARTESIA, OFFICE RECEIVED 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

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Santa Fe		P		//
File			Z_{i}	
Transporter	Oil		Z	
	Gas	3		V
Operator			7	

1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQ			_	BLE AND A		AS	Opera		Gas	
Devon Energy Corporation (Nevada)						Well API No.					
Address 1500 Mid America To	ower, 2	20 Nort	h Bro	adwav	, Oklahom	na City.	Oklahon	na 7310	2		
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghe	Change in		ter of:	X Oth	er (Please explorator Nat	ain)				
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL Lease Name Etz-State	AND LE		Pool Na	me, includ	ling Formation Jackson	5R-Q-G-	SA Kind	of Lease Federal or Fe	_	Lease No. 936	
Location	100	0			_				1	750	
Unit Letter	:198	0	Feet Fro	en The _S	outh Line	e and66	<u>0 </u>	et From The	East	Line	
Section 16 Township	<u>17S</u>		Range	30E	, NA	мРМ,	Eddy		····	County	
III. DESIGNATION OF TRAN	SPORTE			NATL				 	 		
Name of Authorized Transporter of Oil Texas-New Mexico Pipe	1 The C	or Condex ompany	este [nd, Texa		l copy of this j	form is to be	seni)	
Conoco, Inc.	lame of Authorized Transporter of Casinghead Gas X or Dry Gas Conoco, Inc.				Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, Texas 77252					seni) <u>?</u>	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 16	Тwp. 17S	Rge. 30E		y connected ? es	When	?			
If this production is commingled with that f IV. COMPLETION DATA	rom any cu	ner lease or	pool, give	comming	ling order numb	жг					
Designate Type of Completion	· (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.	•	Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Dep	Tubing Depth				
Perforations				.1		Depth Casin	Depth Casing Shoe				
					CEMENTIN		D				
HOLE SIZE	CA	SING & TL	JBING SI	ZE		DEPTH SET			SACKS CEN	MENT	
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE								
OIL WELL (Test must be after re	covery of so	stal volume		and mus	, - '				for full 24 ho	ows.)	
Date First New Oil Run 10 Tank	Date of Te	s			Producing Me	thod (Flow, pu	mp, gas iyi, e				
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			Bbis. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA				CE		OIL CON	ISERV	ATION	DIVISION	ON	
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 complide pages test of mysmocoleograph belief.				Date Approved JUN 1 4 1989			~··				
Milacher	S						O RIGINA	L SIGNE	D BY		
Signature M. Duckworth, D	istric	t Engir			By		MIKE WI SUPERV	LLIAMS ISOR, DIS	TRICT I		
Printed Name June 8, 1989 Date	(40)5) 235 Telep	Title 5-3611 phone N o.		Title_						

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.