## **RECEIVED** State of New Mexico Form C-104 Submit 5 Conies Revised 1-1-89 Appropriate District Office DISTRICT | P.O. Box 1980, Hobbs, NM 88240 JUN 12 '89 Energy, Minerals and Natural Resources Department **OIL CONSERVATION DIVISION** DISTRICT II P.O. Drawer DD, Artesia, NM 88210 C. ... D. P.O. Box 2088 Santa Fe Santa Fe, New Mexico 87504-2088 ARTESIA, OFFICE DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410 Transporter REQUEST FOR ALLOWABLE AND AUTHORIZATION Operator TO TRANSPORT OIL AND NATURAL GAS Well API No. Devon Energy Corporation (Nevada) 1500 Mid America Tower, 20 North Broadway, Oklahoma City, Oklahoma Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Operator Name Change Dry Gas Oil Recompletion Condensate Change in Operator Casinghead Gas If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease A State, Federal or Fee Lease No. Well No. Pool Name, Including Formation Lease Name Grayburg-Jackson GR-Q-G-Etz-State B - 936Location 990 Feet From The South Line and Unit Letter Eddy 16 17S 30E NMPM. Township County Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Oil or Conden Texas-New Mexico Pipeline Company P.O. Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Xor Dry Gas Conoco, Inc. P.O. Box 2197, Houston, Texas 77252 Тwp. 17S Rge. 30E is gas actually connected? When? If well produces oil or liquids, Unit give location of tanks. Yes 1 16 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover | Deepen | Plug Back | Same Res'v | Diff Res'v Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **HOLE SIZE** CASING & TUBING SIZE **DEPTH SET** V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Oil - Bbls. Water - Bbls. Actual Prod. During Test

Testing Method (pitot, back pr.)

VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

Division have been is true and complete to the dge and belief

Signature

**GAS WELL** 

Actual Prod. Test - MCF/D

Duckworth, District Engineer

Length of Test

Tubing Pressure (Shut-in)

Printed Name June 8, 1989 Date

235-3611 Telephone No.

Title

## OIL CONSERVATION DIVISION

Gravity of Condensate

Choke Size

JUN 1 4 1989 Date Approved \_

ORIGINAL SIGNED BY MIKE WILLIAMS

SUPERVISOR, DISTRICT IS 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

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

- 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.