JUN 12	9
	JUN 12

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Rottom of Pag

14141 00240			OIL CONSERVATION DIVISION	Į
	· ·	\mathbf{n}	DO D - 2000	

ver DD, Artesia, NM 88210 C. U. ARTESIA, OFFICE P.O. Box 2088

Santa Fe		TV)
File		
	0:1	17

DISTRICTIO			
1000 Rio Brazos	Rd. Az	iec. NM	87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TRANSPORT OIL	AND NATURAL GAS	
Operator		Well API No.	
Devon Energy Corpor	ation (Nevada) 🗸		
Address 1500 Mid America To	wer, 20 North Broadway,	Oklahoma City, Oklahoma 73	3102
Reason(s) for Filing (Check proper box)		X Other (Please explain)	
New Well	Change in Transporter of:	Operator Name Change	
Recompletion	Oil Dry Gas	operator name thanks	
Change in Operator	Casinghead Gas Condensate		
If change of operator give name and address of previous operator			
II. DESCRIPTION OF WELL A	AND LEASE		
Lease Name	Well No. Pool Name, Including	Inches on 50-0-6-1	Lease No. B-936

	Unit Letter	N	·	99	90	_ Feet From	The	South Line ar	d1650	Feet From The	West	Line
	Section	16	Township	17	7S	Range	30	E , NMP	M, Eddy	7		County
				SPORTE	ER OF C	IL AND	NATU	RAL GAS				
Name of A	Authorized 1 as-New	T anspor Mexi	ter of Oil co Pipe	line (or Coade Company	y				pproved copy of this fi idland, Texa		ณ)
	Authorized T		ter of Casing	head Gas	X	or Dry Ga	s			pproved copy of this fouston, Texa		nt)
If well pro give location	oduces oil or on of tanks.	liquids,		Uncit F	Sec 16	Twp. 17S	Rge. 30E	is gas actually or Yes	mnected?	When?	-7-72	

If this production is commingled with that from any other lease or pool, give commingling order number:

٦	7 (വ	TPI.	ETT	ON	DAT	Δî
					•	$\boldsymbol{\nu}$	

		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	n - (X)	i	İ	İ	ĺ	İ	İ	ĺ	
Date Spudded	Date Compi	. Ready to Pr	rod.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	nation	Top Oil/Gas	Pay		Tubing Dep	th	
Perforations				<u> </u>			Depth Casin	ig Shoe	
	T	UBING, C	ASING AND	CEMENTI	NG RECOR	D			
HOLE SIZE		ING & TUB			DEPTH SET			SACKS CEM	ENT
						<u> </u>			
									, , ,
	-		T D						

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 - Bbls.	Gas- MCF	

3	2 4	WELL
J.	~3	

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
esting Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VL 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 is true and complete to the best strany knowledge and belief

MDachood		
		District Engineer
Printed Name	8, 1989	Title (405) 235-3611

OIL CONSERVATION DIVISION

JUN 1 4 1989 Date Approved

ORIGINAL SIGNED BY By_ MIKE WILLIAMS SUPERVISOR, DISTRICT IF 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.