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DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

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DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

JUN 12 '89

OIL CONSERVATION DIVISION

P.O. Box 2088

O. C. D.

Santa Fe, New Mexico 87504-2088

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GASForm C-104
Revised 1-1-89
See Instructions
at Bottom of Page

| | | |
|-------------|-----|--|
| Santa Fe | | |
| File | | |
| Transporter | Oil | |
| Operator | Gas | |

I.

| | |
|--|---|
| Operator Devon Energy Corporation (Nevada) | Well API No. |
| Address 1500 Mid America Tower, 20 North Broadway, Oklahoma City, Oklahoma 73102 | |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: Operator Name Change |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------|--|--|---------------------|
| Lease Name Etz "J" State | Well No. 25 | Pool Name, Including Formation Grayburg Jackson 6R-Q-G-SH | Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee | Lease No. B-1483 |
| Location Unit Letter 0 : 330 Feet From The South Line and 1650 Feet From The East Line Section 16 Township 17S Range 30E, NMPM, Eddy County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|------------|-------------|-------------|-----------------------------------|-------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, Texas 77252 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 16 | Twp. 17S | Rge. 30E | Is gas actually connected? Yes | When? 11-18-74 |

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

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

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.)

| | | | |
|--------------------------------|-----------------|---|------------|
| 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 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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 is true and complete to the best of my knowledge and belief.

Signature
J. M. Duckworth, District EngineerPrinted Name
June 8, 1989 (405) 235-3611Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 14 1989

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.