

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

OIL CONSERVATION DIVISION

PO Box 2088

Santa Fe, NM 87504-2088

NOV 08 '94

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address Devon Energy Operating Corporation (DEOC) 20 N. Broadway, Suite 1500 Oklahoma City, Oklahoma 73102		OGRID Number 136025
		Reason for Filing Code Change of Operator
API Number 30-015-26049	Pool Name Grayburg Jackson SR-Q-G-SA	Pool Code 28509
Property Code LC 029426-B 15972	Property Name H. E. WEST "B"	Well Number 43

II Surface Location

UI or lot no. M	Section 9	Township 17S	Range 31E	Lot.Idn	Feet from the 660	North/South Line S	Feet from the 760	East/West Line W	County EDDY CO., NM
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Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
Lse Code F	Producing Method Code		Gas Connection Date		C-129 Permit Number		C-129 Effective Date		C-129 Expiration Date

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022628	Texas-New Mexico Pipeline P. O. Box 2528 Hobbs, NM 88241	2301810 2306810	O	
005097	Conoco, Inc. P. O. Box 460 Hobbs, NM 88240	2307830 2306830	G	

IV. Produced Water

POD 2307850	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement PDS+ ID3 9-9-94 CHg CP	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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:

Printed Name: J. M. Duckworth

Title: Operations Manager

Date: Phone: (405) 552-4530

OIL CONSERVATION DIVISION

Approved by:

SUPERVISOR, DISTRICT II

Title:

Approval Date:

NOV 08 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

Socorro Petroleum Company

Previous Operator Signature

Printed Name

J. M. Duckworth

Title

Operations Manager

Date

10/27/94

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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
RECEIVED
See Instructions
at Bottom of Page

JAN 10 '90

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

O. C. D.
ARTESIA, OFFICE

Operator Socorro Petroleum Company		Well API No. 30-015- 26049
Address P.O. Box 38, Loco Hills, NM 88255		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in Operator Name
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective January 1, 1990
If change of operator give name and address of previous operator Harcorn Oil Company, P.O. Box 2879, Victoria, TX 77901		

II. DESCRIPTION OF WELL AND LEASE

Lease Name H.E. West "B"	Well No. 43	Pool Name, Including Formation Grayburg Jackson/7 RV OGSA	Kind of Lease State/Federal/Air Fee	Lease No. LC029426B
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>760</u> Feet From The <u>West</u> Line Section <u>9</u> Township <u>17S</u> Range <u>31E</u> , NM/PM, 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 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 9
	Twp. 17S	Rge. 31E
Is gas actually connected? <u>Yes</u>		When? 3-10-89

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
			Part ID-3
			2-9-80
			chy op

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/M/MCF	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.

Ben D. Gould
Signature
Ben D. Gould
Printed Name
1/2/90
Date
Manager
Title
505/677-2360
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB - 9 1990

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