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

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210		Sa	nta Fe		ox 2006 exico 875	04-2088		AN 3 1 1	994		
DISTRICT III			·								
1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORI					
TO TRANSPORT OIL						TURAL G		Well API No.			
Devon Energy Corporation (Nevada)							30-015-27474				
Devon Energy Cor	poratio	n (Neva	ada)					U-013-27	4/4		
20 North Broadway	v Snit	e 1500	Ok '	lahoma	City, C	ж 7310	2				
Reason(s) for Filing (Check proper box)	y Buic	<u>c 1300</u>	<u>O</u> ic.	Zarroma		et (Please expl					
New Well		Change in	Transpor	ter of:							
Recompletion	Oii	Ä	Dry Gas								
Change in Operator	Casinghea	d Gas	Conden	ate					· · · · · · · · · · · · · · · · · · ·		
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	A S F									
Lease Name	AL VID DEA		Pool Na	me, Includi	ng Formation		/	of Lease		esse No.	
West Red Lake Un:	it	36	Wes	st Red	Lake A	-G-51	State,	Federal or Fe	NM 7	713	
Location					7						
Unit Letter H	: 163	0	Feet Fro	m The _n	orth Lin	e and330	Fe	et From The	east	Line	
Section 8 Townshi	p 18S		Range	27E	, N	MPM,	<u> </u>	Eddy		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	T. ANE	NATTI	RAI. GAS						
Name of Authorized Transporter of Oil		or Conden				e eddress to w	ich approved	copy of this fo	orm is to be se	nt)	
Koch Oil Co.	<u> </u>		L		PO F	lox 1558	Breck	enridae.	TX 7	6024	
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)					nt)	
GPM Gas Services						enbrook	Odess		79762		
If well produces oil or liquids, give location of tanks.	Unit		Twp.	-	is gas actuali	-	When		1.7		
If this production is commingled with that	A I	8	18S	27E	• • • • • • • • • • • • • • • • • • • •	res her		1/10/9	74		
IV. COMPLETION DATA	nom any ou	er sease or p	JOSI, KIVE	COMMUNICATION	ing order morri	<u> </u>		···			
		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res'v	
Designate Type of Completion	- (X)	Х	i		Х				1		
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
8/19/93	1/10/94				3000'			2903'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay San Andres 184			Tubing Depth			
3490.7 San Andres					San Andres /0 //			2208 Depth Casing Shoe			
,	(1-203 <u>6</u>	' 1907	7 - 109	2Q! 1	Q/,1 !'_1 Q 6	64' (30 h	0100)		2999'		
2008 -2104 , 202-						NG RECOR		<u> </u>	4333		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
12 1/2"	8	8 5/8"			'1137'			655 sx - cir to surf			
7 7/8"	5 1/2"			2999'			430 sx - circ to surf				
	2 7/8"			2208'							
V. TEST DATA AND REQUES	T FOD A	IIOWA	DIE		<u> </u>			<u> </u>			
OIL WELL (Test must be after r				l and must	be equal to or	exceed too allo	wable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te		,			ethod (Flow, pu			Par	110-2	
1/10/94	1/23/94			pumping			3-4-94				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size Comp & BK				
24 hrs							/ 1				
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF				
	1	68				70		<u></u>	70		
GAS WELL	<i>-</i>				/ Barrier 26 .	46/85		12			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
roung reason (paor, own pr.)		, ,	_,			,					
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regulation bave been complied with and	ations of the that the info	Oil Conserv	ration	CE	(OIL CON				N	
is true and complete to the best of my knowledge and belief.					Date Approved FEB 1 8 1994						
Debly O'Donn	ell				By_	• •		DISTRIC	Τİİ		
Signature / Debby O'Donnell	Engin	eering	Tech		-, -	SHPE	RVISOR.	138-2	······································		
Printed Name			Title		Title	2012					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

(405) 552-4511 Telephon: No.