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District I PO Box 1980, Hobba District II	980	State of New Energy, Minerals & Natural R			New Me	fexico overces Department RECEIVI			ED	Revised February	سر m C-1 10, 19	
PO Drawer DD, Arte District III	1-0719	• OIL CONSERVATION DIVISION						Instructions Submit to Appropriate Distric			s on ba	
1000 Rio Brazos Rd.,	7410	PO Boy 2099						JUL = 5.'94 5 Copi				
District IV PO Box 2088, Santa I	2088							O. C. D. AMENDED REPOR				
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Devon Energy Corporat 20 North Broadway S OKC, OK 73102			Suite 1500						613	-		
									³ Remon for Filing Code			
' API Number			7 Pool Name						NW			
30 - 0 15-27894			- Undesignated Upper Penn								'Pool Code 598ノス	
'Property Code			* Property Name								' Well Number	
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_	nping			Connection Data 5/94	• • • •	C-129 Permi	l Number	14	C-129 Effecti	ve Date	¹⁷ C-129 Expiration	
I. Oil and G		orters										
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New Mexico Oil Conservation Division C-104 Instructions

	THIS IS AN AMENDED REPORT, CHECK THE MENDED REPORT AT THE TOP OF THIS DOCUM	BOX LABLED	22.	The UI well cc	ocation of this POD if it is different from the ion location and a short description of the POD
Rep Rep	port all gas volumes at 15.025 PSIA at 60°. port all oil volumes to the nearest whole barrel.		23.	(Examp	actery A , Jones CPD",etc.)
A re acc	equest for allowable for a newly drilled or despens ompanied by a tabulation of the deviation tests ordance with Rule 111.	d well must be conducted in	4 .	The PC from th this PC number	ther of the storage from which water is moved perty. If this is a new well or recompletion and pronumber the district office will assign a write it here.
	sections of this form must be filled out for allowal and recompleted wells.		24.	The UL well co (Examp Tank",(>cation of this PCD if it is different from the on location and a short description of the POD attery A Water Tank", "Jones CPD Water
cha othe	out only sections I, II, III, IV, and the operator ce nges of operator, property name, well number, s ir such changes.	rtifications for transporter, or	25.	MO/DA	illing commenced
A	eparate C-104 must be filed for each pool pletion.	in a multiple	26 .	MO/DA	is completion was ready to produce
	,		27.	Total ve	depth of the well
oper	roperly filled out or incomplete forms may be ators unapproved.	returned to	28 .	Plugbac	ical depth
1. 2.	Operator's name and address		29.	Top and shoe an	om perforation in this completion or casing for the second s
۷.	Operator's OGRID number. If you do not he be assigned and filled in by the District offic	eve one it will e.	30.	inside d	r of the well bore
3.	Reason for filing code from the following tak		31.	Outside	ter of the casing and tubing
	RC Recompletion CH Change of Operator		32.	Depth of bottom.	g and tubing. If a casing liner show top and
	CO Change oil/condensate transporter		33.	Number	ke of cement used per casing string
	CG Change gas transporter CG Change gas transporter RT Request for test allowable (Incl	ude volume	The following tes conducted only af		is for an oil well it must be from a test total volume of load oil is recovered.
	requested) If for any other reason write that reason in th		34.	MO/DA/1	t new oil was first produced
4.	The API number of this well		35.	MO/DAA	t gas was first produced into a pipeline
5.	The name of the pool for this completion		36.	MO/DA/	t the following test was completed
6.	The pool code for this pool	:	37.	Length in	of the test
7.	The property code for this completion		38.	Flowing 1 Shut-in ti	pressure - oil wells Pressure - gas wells
8. 9.	The property name (well name) for this comp The well number for this completion	letion	39.	Flowing c Shut-in ci	pressure - oil wells pressure - gas wells
10.	The surface location of this completion NC	TE: If the	10.	Diemeter	choke used in the test
	United States government survey designates a for this location use that number in the 'UL or Otherwise use the OCD unit letter.	Lot Number 4	11.	Barrels of	duced during the test
11.	and det the out unit letter.		2.	Berrels of	produced during the test
12.	The bottom hole location of this completion	4	3.	MCF of gr	luced during the test
	Lease code from the following table: F Federal	4	4.	Gas well c	ted absolute open flow in MCF/D
	S State P Fee J Jicarilla N Navaio	4	5.	The methc F f P f	d to test the well: 9
	N Navajo U Ute Mountain Ute I Other Indian Tribe			S E If other me	ig ing please write it in.
13.	The producing method code from the following F Flowing P Pumping or other artificial lift	table: 4	8.	The signa: authorized signed, an	printed name, and title of the person ike this report, the date this report was telephone number to call for questions
14.	MO/DA/YR that this completion was first conn gas transporter	ected to a 47	7.	about this The previou	
15.	The permit number from the District approved this completion			and title authorized operates th	ator's name, the signature, printed name, le previous operator's representative ify that the previous operator no longer mpletion, and the date this report was
16.	MO/DA/YR of the C-129 approval for this comp	letion		signed by t	reon

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- MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. 18.

The gas or oil transporter's OGRID number

- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.

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Product code from the following table: O Oil G Gas 21.