State of New Mexico

Form C-104

5 Copies

PO Box 1980, Hobbs, NM 88241-1980

Energy, Minerals & Natural Resources Department

Revised October 18, 1994 Instructions on back

District II

PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION 2040 South Pacheco

Submit to Appropriate District Office

District III

1000 Rio Brazo District IV						Santa F	e, NM 8	7505				X	AMENDED REPORT
2040 South Pace I.)WABL	E AND AU	THORIZ	ZATIO)N T	O TRA	NSPO	RT	
Operator Name and Address Devon Energy Production Company, L.P. 20 N. Broadway, Suite 1500								OGRID Number 6137 Reason for Filing Code					
			-	OK 73102-8260				CH 1/1/2000					
4 API 1 30-0	12		⁵ Pool Name Red Lake Queen Grayburg SA								Pool Code 51300		
Prope 0			Falcon 3 B Federal				e				" Well Number 2		
	ocatio			-1									
UI or lot no. B	Section 03	Township 18S Hole Loca		Range Lot.Idn		Feet from the 990	North/South FNI			from the	East/We	est Line EL	County Eddy
UI or lot no.	Section H	Townshi		Range	Lot.Idn	Feet from the	North/South	ı Line	Feet 1	rom the	East/We	st Line	County
										¹⁶ C-129 Effective			
Lse Code						ection Date	¹³ C-129 Permit Number		er ——	C-129 Effective)ate	C-129 Expiration Date
III. Oil and Gas Transpo "Transporter				ters	18 Transporte	20	²⁰ POD 21 O/O			22 POD ULSTR Location			
OGRID 138648			-	Amoco		2818549				and	Description		
				502 N.	West Average 1793		2818549 O						
009171				1030 P	Gas Corp laza Office ville, OK 7		2818550 G				***************************************	•	
											My Jack Str. 197		
													in the second of the second
IV. Prod	uced V	ater	L										
			POD ULSTR Location and Description										
V. Well Completion Date 28 Ready					27 TD	28 DD/FD	²⁶ PBTD ²⁹ Perforation					30	
31 Hole Size			oy Date				roid						³⁰ DHC, DC, MC
2					³² Casing & T		33 Depth		ાા ૭૬ા		34	Sacks Cement	
VI. Well	Test D	ata											
35 Date New Oil 36 Ga			Gas De	elivery Da	te	38	38 Test Length			³⁹ Tbg. Pressure ⁴⁰ Csg. Pressure			
41 Choke Size			42	⁴² Oil ⁴³ Water				44 Gas			45 AOF 46 Test Method		
I hereby certify to with and that the innowledge and be signature:	informatior elief.	given ab	ove is tr	ue and cor		-	Approved by	ORK	INA	NSERV L signs	D BY	TIM W	
Printed Name: Fitle:		Steve M District			<u></u>	Title: Approval Da	Title: DISTRICT II SUPERVISOR						
Date: 3/20/				Phone:	(405) 235		Approval Date: MAR 3 0 2000						
If this is a cha	ange of ope				nber and name orporation	of the previous of (Nevada)	perator					-	
P	Previous O _I			- M	·Wy	P	rinted Name teve McNal	lly	•	District	Titl Manag		Date 3/20/00