State of New Mexico

Form C-104

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

Santa Fe. NM 87505

5 Copies

1000 Rio Braze	os Kd., Azt	ec, NM 87	410			Santa F	c, 14141 0	7505		[v	7 ALEXED DEDORT		
District IV										X	AMENDED REPORT		
2040 South Pac	•						THADI	r a mir c	NI TO TO	ANCDODT			
<u>I.</u>	REQU					E AND AU	THORIZ	LATIC	NIUIK	ANSPORT			
Operator Name and Address Devon Energy Production Company, L.P.								OGRID Number 6137					
		Broadw	•					³ Reason for Filing Code CH 1/1/2000					
Oklahoma City, OK 73102-8260							Pool Name	<u> </u>					
		10		l						į	51300		
	015-2997	/8		Red Lake Queen Grayburg S							Well Number		
_	erty Code				Cantan C	ollier 5 Feder	Property Nam	y Name			3		
	22220 C T				Carter	omer 5 reder	aı						
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Bo	ttom H	ole Loc	ation										
UI or lot no.	Section	Township	Ra	ange	Lot.Idn	Feet from the	North/Sout	h Line	Feet from the	East/West Line	County		
		<u> </u>				<u> </u>	16		1 16				
12 Lse Code 13 Producing Meth		ing Method	od Code		Gas Connection Date		C-129 Permit Number		r C-12	9 Effective Date	" C-129 Expiration Date		
III. Oil a	ınd Ga	s Trans	porte	rs									
	Transporter			19 Transporter Name			20	²⁹ POD ²¹ O		22 POD ULSTR Location			
OGRID			and Address				<u> </u>			an	d Description		
37480			EOTT					632710	0				
					ox 4666	10 4666							
			н	ouston	n, TX 7721	10-4000							
009171				GPM Gas Corp				632730) G		(26272829)		
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IV. Prod		Vater											
	" POD						" POD ULST	'R Locatio	on and Description	on			
	632750												
V. Well	Comple	etion D	ata										
25 Spud Date		28 Reac	dy Date 27 TD				²⁸ PBTI	²⁸ PBTD ²⁹ Perforation			ns ³⁰ DHC, DC, MC		
31 Hole Size			37 Casing & Tubing Size					33 Depth Set			34 Sacks Cement		
							_	,					
	Test D												
35 Date New Oil 36 Gas				Delivery Date 37 Test Date				38 Test Length			40 Csg. Pressure		
11 Choke Size			⁴² Oi	⁴² Oil ⁴³ Water				44 Gas		45 AOF	46 Test Method		
	 												
'I hereby certify						-							
with and that the		n given abo	ve is true	and con	nplete to the l	est of my		0	IL CONSE	RVATION DIV	VISION		
knowledge and l	belief.	1 1	9/4	- 3 /	, , ,								
Signature:		TK L	11	V	7/		Approved b	y: ORI	GINAL BIG	MED BY TIM	W. CUM		
Printed Name:							Title:	Title: DISTRICT II SUPERVISOR					
Title:	Manager C				Approval D	Approval Date:							
Date: 3/20)/00		Ph	one;	(405) 23	5-3611)			MAR	<u>3 0 2000 </u>			
If this is a cl						e of the previous o	perator						
613′					orporation	(Nevada)							
	Previous C	perator Sig	nature	۸ ۸	V/n = 1 /	آسر	rinted Name			Title	Date		

Steve McNally

District Manager

3/20/00