5 Copies

District II

PO Drawer DD, Artesia, NM 88211-0719

y, Minerals & Natural Resources Department

Revised October 18, 1994

Instructions on back

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Submit to Appropriate District Office

1000 Rio Brazos Rd., Aztec, NM 87410

Previous Operator Signa

District IV											X	AMENDED REP	ORT	
2040 South Pac		-		NXX/ A TO T	E ANID AT	muani	7 A 701.0	NAT OF	О TD 1	NCDAL	ът			
I.	REQU				E AND AU	THORIZ	LATIU	JNT	O TKA	7				
Operator Name and Address Devon Energy Production Company, L.P.							OGRID Number 6137							
20 N. Broadway, Suite 1500							3 Reason for Filing Code							
Oklahoma City, OK 73102-8260									0					
⁴ API 1	Number	•	T		\$	Pool Name	.1				6 P	ool Code		
30-0	78													
Prope			Property Name				e				Well Number			
	2550			Fred 6 I	Federal						6	<u> </u>		
r		ocation		l	T			T		In		T		
UI or lot no.	Section 6	Township 18S	Range 27E	Lot.Idn	Feet from the 990	North/Sout FNI		2250	rom the	East/West FW		County Eddy		
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UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/Sout	h I ine	Feet f	rom the	East/West	I ine	County		
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12 Lse Code 13 Producing Method		Code	" Gas Conn	Gas Connection Date		nit Number 16		¹⁶ C-129 Effective		ate "C-129 Expiration D		e		
III. Oil a	nd Ga	s Trans	porters											
¹⁸ Transporter				¹⁹ Transporter Name			POD	21 O/G			22 POD ULSTR Location			
OGR	ID	+		and Addr					and Description					
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IV. Prod		Vater												
	23 POD					POD ULST	R Location	on and D	Description					
** ***	~ .													
V. Well Completion Da 25 Spud Date 26 Ready			ita D.	A Date 27 TD				29 D. C. 4			30 DUG DG MG			
Spud Date		Read	y Date	ate ID		24 PBTI	'		²⁹ Perforations		30 DHC, DC, MC			
31 Hole Size				32 Casing & Tubing Size				33 Depth Set			³⁴ Sacks Cement			
				·										
· · · · · · · · · · · · · · · · · · ·														
VI. Well	Test D													
			Gas Delivery Dat	Delivery Date 37 Test Date				7h 39 cm r		9 The Progr	ressure 40 Csg. Pro			
Date Herr Off		Jas Bonvery Bate 10st Bate				I est Leii	Test Length		39 Tbg. Pressure		Csg. Fressure	,		
41 Choke	e Size		⁴² Oil		43 Water		" Ga	ıs		45 AOI	?	46 Test Method		
"I hereby certify					-		_							
with and that the		n given abov	ve is true and cor	nplete to the	best of my		O	IL CC)NSER	VATION	DIVIS	SION		
knowledge and b	elief.	1	# M.	WY		A	^^	M161 1	1 010-	125 AV	ځه مووح	C.I.E.		
Signature: Printed Name: Steve McNally							Approved by: ORIGINAL SIGNED BY TIM W. GUM Title: DISTRICT II SUPERVISOR							
Title: District Manager							Approval Date: MAR 3 0 2011							
Date: 3/20			Phone:	(405) 23	5-3611)					<u> </u>				
If this is a ch	ange of op	erator fill in	the OGRID nun	nber and nam	e of the previous	operator								

Printed Name

Steve McNally

Title

District Manager

Date

3/20/00