State of New Mexico

Form C-104

5 Copies

Revised October 18, 1994

PO Box 1980, Hobbs, NM 88241-1980 District II

- Energy, Minerals & Natural Resources Department

Instructions on back

PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION 2040 South Pacheco

Submit to Appropriate District Office

Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410

District IV										X	AMENDED REPOR	
		nta Fe, NM 875										
I.	REQ				LE AND A	UTHOR	ZATI(ON TO				
Operator Name and Address Devon Energy Production Company, L.P.							OGRID Number					
İ		I. Broadway,						6137 Reason for Filing Code				
	homa City,								2000			
⁴ API				,	Pool Name				Pool Code			
30-	09											
Prop]			Property Na	roperty Name			⁸ Well Number			
	22363			Evarts	6 Federal						4	
UI or lot no.	Section		I _D		П . С . И	ls		1	. T.:			
A	6	Township 18S	Range 27E	Lot.Idn	Feet from the 330	North/Sor		Feet from	the East/\	West Line FEL	County Eddy	
		lole Locat		<u></u>	1330	1		11170		FEL	Inday	
UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/Sor	ath Line	Feet from	the East/\	West Line	County	
12 Lse Code	13 Produc	ing Method Co	ie	" Gas Conn	nection Date	15 C-129 Per	rmit Numbe	er 16 (C-129 Effective	Date	17 C-129 Expiration Date	
	<u> </u>										- 12. Sapannon Date	
		s Transpo	rters									
	sporter			¹⁹ Transporter Name			²⁰ POD		D/G	POD ULSTR Location		
OGRID			and Address							and Description		
						Ī				262	128293007	
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IV. Prod		ater										
	23 POD					POD ULS	TR Location	n and Descri	ption			
V Well (Zammla	tion Date	<u> </u>		·	· · · · · · · · · · · · · · · · · · ·						
V. Well (ompie	Ready Da	to	27 TD	<u> </u>	28 PBT				·		
Spud Date		Ready Da	Ready Date		27 TD		D	²⁹ Perforations		30 DHC, DC, MC		
31 Hole Size			32 Casing &		Tubing Size		33	33 Depth Set		Sacks Cement		
											acids comone	
·			 									
			 									
/I. Well	Test Da	ata	<u> </u>					 -				
Date N			elivery Date		37 Test Date	1 36	Tard I 1	<u>. </u>	39		T 40	
				-	1 est Date		34 Test Length		39 Tbg. Pressu		40 Csg. Pressure	
11 Choke Size			42 Oil		43 Water		44 Gas		45 AOF		46 Test Method	
1. 1							<u></u>					
hereby certify the												
ith and that the i		given above is t	rue and com	plete to the b	est of my		OII	L CONS	ERVATIO	N DIVIS	SION	
nowledge and belief.						ORIGINAL SIGNED BY THE IN ALL						
inted Name: Steve MoNally						Approved by: ORIGINAL SIGNED BY TIM W. GUM Title: DISTRICT II SUPERVISOR						
itle: District Manager						Approval Date: MAR 3 0 2000						
ate: 3/20/0	00		Phone:	(405) 235	5-3611)				<u>, v , č (141)</u>			
If this is a cha	inge of oper	ator fill in the O	GRID numb	er and name	of the previous of	perator						
6137		Devon E	nergy Con	rporation	(Nevada)							

Printed Name

Steve McNally

Title

District Manager

Date

3/20/00