Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Departir

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM (187) 00 4 '89

Santa Fe, New Mexico 87504-2088

· www
Oil Gas D
Luas 1

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM, 87410	D.REC					exico 875 BLE AND		IZATION	File	IG	ni as L		
A. ARTESIA, C	OFFICE	TOTR	ANSF	PORT	OIL	AND NA	TURAL G	AS	Operato				
Operator Devon Energy Corporation	ation	/ Nova da	/	/				Well	APLNo.		48-may - 4		
Address	161011	Nevada	I) V										
1500 Mid America Too Reason(s) for Filing (Check proper box)	wer, 20	0 North	Bro	adwa	у,				73102	·			
New Well		Change i	n Transr	porter of	•		er (Piease exp	lain)					
Recompletion	Oil		Dry G										
Change in Operator	Casingh	ead Gas	Conde	ensate									
If change of operator give name and address of previous operator								··· -					
II. DESCRIPTION OF WELL	AND LI						<u> </u>						
Lease Name Todd "26" Federal		Well No.	1	-		ng Formation	1		of Lease Federal or Fee	_	ease No.		
Location		1 1	_ Sa	ilia D	une	s - Ato	ка		<u></u>	04054	44-A		
Unit LetterG	_ :	1980	_ Feat F	rom Th	e _N	orth Lin	e and19	80 F	set From The	East	Line		
Section 26 Townshi	:- 2	3S			31E			r:44					
Section 26 Townshi	<u>p</u>	<u> </u>	Range	:	J 1.1:	, N	MPM,	Eddy			County		
III. DESIGNATION OF TRAN	SPORT			ND NA	TU								
Name of Authorized Transporter of Oil Pride Pipeline Compa	X	or Conde	omie			1	e <i>eddress to w</i> ox 2436,		l copy of this for	m is 10 be se 79604	ณ)		
Name of Authorized Transporter of Casin			or Dry	Gas [l copy of this for		ent i		
Natural Gas Pipelin		merica				1			Texas		,		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.		Rge.		y connected?	When	?		, , , , , , , , , , , , , , , , , , , ,		
If this production is commingled with that IV. COMPLETION DATA	from any of	ther lease or	pool, gi	ive com	mingl		ber:		April, 1	970			
Designate Type of Completion	- (X)	Oil Wel	1	Gas We	:11	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded		npl. Ready to	o Prod.			Total Depth	<u> </u>	<u> </u>	P.B.T.D.				
	<u> </u>												
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Pay		Tubing Depth				
Perforations									Depth Casing	Shoe			
		TUBING.	CASI	NG A	ND	CEMENTI	NG RECOR	ED .	1				
HOLE SIZE		SING & TI					DEPTH SET		SACKS CEMENT				
									Part ID-3				
						<u> </u>	8-11-89						
	 							· · · · · · · · · · · · · · · · · · ·	The state of the s	AND LILLING			
V. TEST DATA AND REQUES	T FOR	ALLOW.	ABLE										
OIL WELL (Test must be after r	, ' ' ' '		of load	oil and	musi	<u>.</u>				full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of To	est				Producing M	ethod (Flow, p	ump, gas lift, i	etc.)				
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF					
GAS WELL	<u></u>									· · · · · ·			
Actual Prod. Test - MCF/D	Length of	Test				Bbls. Conder	mte/MMCF		Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)					Casing Press	ire (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	ATTE O		7 7 4 2	ICT					!	 			
I hereby certify that the rules and regula				NCE		(DIL CON	ISERV	ATION D	IVISIC	N		
Division have been complied with and is true and complete to the best of the b	that the info	emation giv		e		Data	A	. د	L AND GAR	MSPEC TO) (}		
	Jacke		L			Date	Approve	<u>د س</u>	1 / -				
					-	By_	Ochra	102.2 R	<u> Stean</u>	لديب			
J. M. Dugkworth, D	istric	t Engi			_		0	W.					
Printed Name August 2, 1989	11	.05) 2	Тлие 35-36	511		Title	OIL A	MD 648 /	SPECTOR				
Date			phone N		-								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

AUG 3 1989 OCD HOBBS OFFICE