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OIL CONSERVATION DIVISION

P.O. Box 2088

DEC 21 1993

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NN	1 87410				2000 07504-2000				•	
I.	REC	UEST FO	OR ALLC		BLE AND AUTHOR	IZATION		\sim		
Operator		10 102	MOPUH	1 01	LAND NATURAL G		API No.			
Devon Energy	Corporati	on (Ne	evada) 🤇						ノカー	
Address 20 North Broads	vay, Suite	1500, 01	klahoma	Cit	y, OK 73102			YY),	/ _	
Reason(s) for Filing (Check proj	per box)				Other (Please exp	lain)		247		
New Well Recompletion	Oil		Transporter	of:				- %/		
Change in Operator			Dry Gas Condensate		Change effect	tive Jai	nuary 1,	1994		
If change of operator give name and address of previous operator						<u></u>				
II. DESCRIPTION OF	WELL AND LE	CASE								
Lease Name Well No. Pool Name, inch							nd of Lease Lease No. 1c, Federal or Fee NMO405444-A			
Todd "26G" Federa	<u> </u>	2	Sand	dun	<u>es - Cherry Cany</u>	on State	, Federal or Fee	NM0405	444-A	
Unit Letter	•	1980	Fact Face 7		North 1650			East		
26			Feet From T		Line and	F	eet From The		Line	
Section 20	Township 233		Range	31E	, NMPM,		Ed	ldy	County	
III. DESIGNATION OF	TRANSPORTE	ER OF OI	L AND N	ATU	RAL GAS				•	
Name of Authorized Transporter of Oil XX or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					P. O. Box 1188 Houston, TX 77251-1188 Address (Give address to which approved copy of this form is to be sent)					
If well are transaction to the					Core data Es so wa	шен арргочес	copy of this for	m is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit G		Twp. 235 3	Rge. 1E	Is gas actually connected?	When	7			
If this production is commingled wIV. COMPLETION DAT	rith that from any oth			uningl						
Designate Type of Comp	letion (V)	Oil Well	Gas W	eli	New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded		pl. Ready to I			Total Depth	<u> </u>			MI KESV	
	2	pi. Kody W I	100.		rotal Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay	Tubing Depth				
Perforations										
							Depth Casing S	ihoe		
NO FOR	T	UBING, C	ASING A	ND (CEMENTING RECORI)	<u> </u>			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET	SACKS CEMENT				
				_			Posted FD-3			
						*	8 ho	Tran	1	
. TEST DATA AND RE	OUEST FOR A	LLOWAR	ei F		•		1			
OIL WELL (Test must be				must b	ve equal to or exceed top allow	vable for this	depth or he for	full 24 hours 1	, .	
Date First New Oil Run To Tank	Date of Tes	t			Producing Method (Flow, pun	rp, gas lift, e	(c.)	mi 27 nows.,		
ength of Test	Tubing Pres	SITE			Casing Pressure	·····	Choke Size	· · · · · · · · · · · · · · · · · · ·		
	·				Casing Present	CHOCK GIZE				
actual Prod. During Test	Oil - Bbls.			1	Water - Bbis.		Gas- MCF	·		
GAS WELL		· · · · · · · · · · · · · · · · · · ·					<u> </u>			
ctual Prod. Test - MCF/D	Length of T	est			Bbls. Condensate/MMCF		Gravity of Cond	ensale		
ng Method (pitot, back pr.) Tubing Pressure (Shut-in)				٠,						
	Auring 1 ressure (50m-m)				Casing Pressure (Shut-in)	Choke Size				
L OPERATOR CERT	FICATE OF	COMPLI	IANCE							
I hereby certify that the rules and	regulations of the C	il Conservati	OB		OIL CONS	SERVA	TION DI	VISION		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved DEC 2 8 1993					
del 1					Date Approved	UEU	८ ४ ।५५५			
Signature C					Ву					
W. E. Wince Jr. Contract Administrator					SUPERVICE					
Printed Name December 20, 1993 (405) 235-3611					Title					
Date	<u> </u>	Telepho		-			3677F			

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.