Appropriate District Office DISTRICT I	RECEIVED Ener	IVED State of Ne Energy, Minerals and Natur						Form C-104 Revised 1-1-89 See Instructions			
P.O. Box 1980, Hobbs, NM \$8240 DISTRICT II P.O. Drawer DD, Artesia, NM \$8210	JUN 12 '89 <b>01</b>		P.O. Bo	ox 2088		N	Santa Fe File	at Bottom	Page		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87	O. C. D. Milesia RECUES		-	exico 8750 BLE AND		ZATION	Transporter Operator	Oil Gas	4		
I.	ТО	TRANSPO	DET OIL	AND NA	TURAL GA	45	<b>BU</b> 1.				
Operator Devon Energy Con	poration (Ne	vada) 🗸				Well A					
1500 Mid America	Tower, 20 N	orth Bro	adway,	0klahor	na City,	0klahom	a 73102				
Reason(s) for Filing (Check proper be New Well  Recompletion	Cha Oil	nge in Transpo	. 🗆		er (Please exploration Nam		e /	rk/			
Change in Operator L	Casinghead Ga	Condet									
and address of previous operator				<del></del>	<del> </del>						
II. DESCRIPTION OF WE		No. Pool N	ama Jackudi	ng Formation		Vind o	(Lease	lea	se No.		
Todd "14" Federal	1	L	•	- Lower	Penn		rederal or Fee		3177-A		
Location Unit Letter K	: 1980	Feet Fr	om The S	outh Lin	and 198	30 Fe	et From The _	West	Line		
Section 14 Tow	vaship 23S	Range	31	E .N	MPM,	Ed	dy		County		
III. DESIGNATION OF TE	RANSPORTER O	F OIL AN	D NATU								
Name of Authorized Transporter of C None		ondensate		Address (Giv	e address to wi	uch approved	copy of this Jo	rm is to be sent	9		
Name of Authorized Transporter of C		or Dry		1	e address to wh	• •			)		
Natural Gas Pipelir If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actually connected? When? Yes February 26, 1971					1		
If this production is commingled with IV. COMPLETION DATA	that from any other les	se or pool, giv	e comming)	ing order num	ber:						
Designate Type of Complete	ion - OO	Well (	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Re	ady to Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations	<del>_</del>			J			Depth Casing	Shoe			
TUBING, CASING AND			CEMENTI		D		SACKS CEMENT				
HOLE SIZE CASING & TUBING SIZE			SIZE		DEPTH SET		SACKS CEMENT				
						:					
				<u> </u>		<u></u>	i 				
V. TEST DATA AND REQ OIL WELL (Test must be a	UEST FOR ALL	OWABLE olume of load o	oil and must	be equal to or	exceed top allo	owable for this	depth or be f	or full 24 hours			
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pu						
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.					Gas- MCF				
GAS WELL				1	<del></del> _		<u> </u>				
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condet	sate/MMCF		Gravity of C	ondensate	<del></del> .		
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)		Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIF			ICE			ISEDV	<u>.</u> VIIUVI I		N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION  Date Approved							
is true and complete to the foot of	my owner of be	nei.		Date				6			
grill Dacksont				By ORIGINAL SIGNED BY MIKE WILLIAMS							
Signature J. Duckworth Printed Name	, District E	ngineer Tide		Title	;		SOR, DIST	RICT I			
June 8, 1989 Date	(405)	235-361 Telephone 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.