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

DISTRICT III

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State of New Mexico rgy, Minerals and Natural Resources Departm

Form C-104 Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 887AUG 04 '89

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

Santa Fe		
Sund re		$\mu_{\rm L}$
riie		ИИ
Transporter	Oil	
	Gas	\square
Operator		

1000 Rio Brazos Rd., Azzec, NM 87410	OFFICE	UEST F	OR A	TTO	WAE	BLE AND	AUTHOR	IZATION	Op	erator	Gas
I. Operator	OFFICE	IO IRA	ANSP	OH	ı UIL	. או טאא	TURAL G	AS	API No.		
Devon Energy Corpora	ation (Nevada) 🗸			 .	· · · · · · · · · · · · · · · · · · ·				
Address 1500 Mid America Tow	ver. 20	North	Bro	adwa	av. (Oklahoma	City. (Oklahoma	a 73102		
Reason(s) for Filing (Check proper box)	.01, 20		210	<u> </u>			er (Please exp			 	
New Well		Change in			of:						
Recompletion	Oil Casinghe	_	Dry G								
If change of operator give name	Catalgre	-u 025	Conoc	211412			·				
and address of previous operator					 .						
II. DESCRIPTION OF WELL Lease Name	AND LE	Well No.	Do at h	J		Econotica	 -	l Visa	of Lease	1	ease No.
Lease Name ST. Todd "36" Ederal		1	Pool Name, Including Formation Sand Dunes (Morrow)					State Federal or Fee K-952			
Location		<u> </u>	.1			. , , ,	, ,				
Unit Letter F	_ ::	1980	Feet F	rom T	he No	orth Lin	e and 1980	<u> </u>	eet From The	West	Line
Section 36 Townshi	p 235	5	Range		31E	. , N	MPM,	Eddy			County
III. DESIGNATION OF TRAN	SPORTE	~~		ND N	ATU						
Name of Authorized Transporter of Oil X or Condensate)	1		• • •	<i>d copy of this f</i> e , Texas		int)
Name of Authorized Transporter of Casin			or Dry	/ Gas		 			d copy of this f		ent)
EPN	1	· -	1=				92, El P			78	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 36	Т w p. 239	 	Rge. 31E	is gas actual Yes	y connected?	Whe	¤? 6-29-7	3	
If this production is commingled with that	from any ot	her lease or	1		mmingl			·			
IV. COMPLETION DATA						· · · · · · · · · · · · · · · · · · ·	<u> </u>		Y = ===	1	
Designate Type of Completion	- (X)	Oil Well		Gas V	Veli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		pl. Ready to	Prod.			Total Depth	<u> </u>		P.B.T.D.	1	<u> </u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Dep	Tubing Depth				
						2					
Perforations									Depth Casir	ig snoe	
	•	TUBING,	CAS	NG.	AND	CEMENTI	NG RECOR	RD			
HOLE SIZE	CA	SING & TL	JBING	SIZE			DEPTH SET			ACKS CEM	
									1001	<u> </u>	
	1				·				ch	e bIi bif	C
V. TEST DATA AND REQUES OIL WELL (Test must be after n					.d =es	he equal to o	r exceed top al	lowable for ti	us denth or he	for full 24 hou	,
Date First New Oil Run To Tank	Date of Te		0, 1000	U			ethod (Flow, p			, or just 5 v visu	
						Cosina		· · · · · · · · · · · · · · · · · · ·	Chake Sire		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls					Water - Bbls	,		Gas- MCF		
	<u> </u>]			!		
GAS WELL		*				TBD- 4-	- A A 7 7 PM				
Actual Prod. Test - MCF/D	Length of	I GE!				BOIS. COOCE	mate/MMCF		Gravity of C	.onoen sale	
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shul	l-in)			Casing Press	ure (Shut-in)		Choke Size		<u></u>
THE CORED & MODE CORD	A 7000 C		77 7 4 7	1		\r			!	···	
VI. OPERATOR CERTIFIC I hereby certify that the rules and regule				NCE	2	(OIL CO	NSERV	'ATION	DIVISIO	N
Division have been complied with and	that the info	rmation giv		/e				Д	110 0 0 40	00	
is true and complete to the best of my i						Date	Approve	ed <u>A</u>	UG n 8 19	ਖ਼ਖ਼	
JIIIDa	crupt	w				_	Oak	Come G	Estim	con.	
Signature T. M. Mickey art h. F.)	4 Dan 2	n a = =		_	∥ By_	Januar	Teng			
J. M. Duckworth, I	JISTRIC	c Engi	neer Tille			Title	OR AND	BAR INSE	PERTRE		
August 2, 1989	(4		35-3		_						

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.

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