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

State of New Mexico Energy, Minerals and Natural Resources Department

DEC 21 1993

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND MATURAL GAS

Орсівки							Well	API No.			
Devon Energy Corp	<u>orati</u>	on									
Address 20 N. Broadway Suit	e 1500	0k1al	oma (City,	OK 731	02-8260					
Reason(s) for Filing (Check proper box)	u				Ou	er (Please expl	ain)		·		
New Well		Change in									
Recompletion	Oil	X	Dry Ga	s 🗌	Chang	e effect	ive Jan	uary 1, 1	994		
Change in Operator											
f change of operator give name nd address of previous operator											
II. DESCRIPTION OF WELL	ANDIE	ACE									
Lease Name											
Todd "36" Federal St	'a/- .				State			of Lease Federal or Fee K-952			
Location	$\frac{27E}{l}$ l Sand Dunes (Morrow)					<u>w)</u>					
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line											
Section 36 Township 23S Range 31E , NMPM, Eddy County											
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Or Condensate Or Condensate Or Condensate Or Condensate FORT Energy Corporation Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188 Houston, TX 77251-1188											
EOTT Energy Corporat:	TOE T	T Energy	Opera	tina LP	ł		• • •			, i	
Name of Authorized Transporter of Casing	bond Goe	Effectiv	6_4 ₁ _5	М	P. O. Box 1188 Houston, TX 77251-1188 Address (Give address to which approved copy of this form is to be sent)					-1188	
EPN	incau Cas	٠	-01- <i>D</i> 1y-	O48						nt)	
	1 27-14	(6	1					xas 7997	8		
If well produces oil or liquids, give location of tanks.	Unit	_	Twp.		Is gas actuall	•	When	17			
,	F	36	235	31E		Yes		June 29	197	3	
f this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	C	as Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	· · · · · · · · · · · · · · · · · · ·	£-,	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth	Tubing Depth		
Perforations								Depth Casing Shoe			
								Deput Casing S	noe		
		TUDDIC	CACD	IC AND	CEMENT	NC BECOR	<u> </u>	<u> </u>			
LIQUE OUT					CEMENTI	NG RECOR	D				
HOLE SIZE	CA	SING & TU	BING S	IZE		DEPTH SET		SACKS CEMENT			
								facted FP-3			
					·			13-31-93			
		· · · · · · · · · · · · · · · · · · ·						7.1212	<u> G</u>	13	
. TEST DATA AND REQUES	T FOR A	ALLOWA	BLE				<u>. ' </u>	1			
OIL WELL (Test must be after re	covery of to	otal volume	of load o	il and must	be equal to or	exceed top allo	wable for thi	s depth or be for	full 24 how	3.)	
Date First New Oil Run To Tank	Date of Te	st			Producing M	thod (Flow, pu	mp, gas lift, e	etc.)			
								·			
ength of Test	Tubing Pressure				Casing Press	ire		Choke Size			
Actual Prod. During Test	During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
•										Į	
GAS WELL											
Actual Prod. Test - MCF/D	l ength of	Test			Bhis Conder	sate/MMCF		Gravity of Condensate			
Actual Flor, Fest - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)				(,			Glose bize				
	L							1			
I. OPERATOR CERTIFICA				CE	\parallel	ארט וו	ISERV	ATION D	VICIO	N.I	
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above				Dro 9 o soon							
is true and complete to the best of my knowledge and belief.				Date Approved DEC 2 8 1393							
10d0 1		- •									
					By_	n.			*		
W. E. Wince, Jr. Contract Administrator					SUPERVISOR DE						
Printed Name Title					By SUPERVISOR, DISTRICT II						
December 20, 1993 (405) 235-3611					Title					· · · · · · · · · · · · · · · · · · ·	
Date		Tele	phone No).						•	
					ll						

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.