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

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISIONDE © 2.1 1993 P.O. Box 2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Santa Fe, New Mexico 87504-2088

I.	7	OTR/	NSF	ORT OIL	AND NA	TURAL GA	AS			4	
Operator						Well API No.					
Devon Energy Cor	<u>poratio</u>	n (N	evad	a)		<u> </u>					
Address 20 North Broadway,	Suite 15	00, 0	klah	oma Cit	y, OK 7	3102					
Reason(s) for Filing (Check proper box					Out	er (Please explo	ain)				
New Well		Change in			Char	ge effec	tivo la	nuary 1	100/		
Recompletion	Oil Casinghead	_	Dry C	ias 🗀 ensate 🗍	Ollai	ige errec	tive Ja	nualy 1,	1774		
If change of operator give name	Canngnead	Gas	Cono	ensate []				······································			
and address of previous operator	·								·	;	
II. DESCRIPTION OF WEL	L AND LEA	SE									
Lease Name Well No. Pool Name, Include								Lease Lease No. NMO 405444			
Location O Unit Letter	718_	660	East 1	From The	South			et From The	East	Line	
. 22		23S		31E				et Floid The _	Eddy		
Section 15 Town	ship		Range	<u>e </u>	<u>, N</u>	мрм,				County	
III. DESIGNATION OF TRA											
Name of Authorized Transporter of Oil EONT Energy Operating LP						Address (Give address to which approved copy of this form is to be sent)					
EUTI Ellergy COTP Effective 4 1 04						Box 1188			77251-		
Name of Authorized Transporter of Casinghead Gas or Diy Gas					Address (Gir	e address to wh	tich approved	copy of this f	orm is to be se	ent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actual	y connected?	When	7			
If this production is commingled with th	at from any other	r lease or	pool, g	rive comming	ing order num	ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	i_		į	<u>i</u>	<u>i</u>	<u>į </u>		<u> </u>	
Date Spudded	Date Compl	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			
Perforations					1			Depth Casing Shoe			
TUBING, CASING AND					CEMENTING RECORD			<u></u>	· ···		
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEM	ENT	
								Poste	Fosted ID 3		
				·		·		12	31-93		
								Elig	Tras	122	
V. TEST DATA AND REQU	EST EOD A	LOW	ARIE	7	<u> </u>			1 5			
					be equal to or	exceed top allo	owable for thi	s depth or be	or full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.) \ Producing Method (Flow, pump, gas lift, etc.)						
					2			Choke Size			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	- 										
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conder	isate/MMCF		Gravity of C	Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VL OPERATOR CERTIFI		COM	A I TO	NCF	1			<u> </u>			
I hereby certify that the rules and rep				1100		OIL CON	ISERV	ATION	DIVISIO	N .	
Division have been complied with a	nd that the inform	nation giv		ve	1			0 -	4000		
is true and complete to the best of m	y knowledge an	d belief.			Date	Approve	d I	EC 28	1993		
DA //											
1500/				·	∥ By_						
Signature U W. E. Wince Jr. Co	ontract A	dmini	stra	tor	-,-		SUPERIL				
Printed Name			Title		Title		··· • • • • • • • • • • • • • • • • • •	SOR	· · · · · · · · · · · · · · · · · · ·		
December 20, 1993 Date	(405)		3611 ephone	No.				50p 71877	Cra		
			F		11				1 17		

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.