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

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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 OIL CONSERVATION DIVISION TO A

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.						TURAL G					
								API No.			
Devon Energy Corporation (Nevada)											
Address 20 North Broadway, S	uite l	500, 01	klah	oma Cit	у, ОК	73102	*				
Reason(s) for Filing (Check proper box)					X Ou	ner (Please expl	ain)				
New Well		Change in	Transp	orter of:		•	•				
Recompletion	Oil		Dry G	25	Chan	ge of Tra	ansporte	r Effec	tive 01-	-01-94	
Change in Operator	Casinghead	d Gas 🔲	Conde	nsale 🗌							
If change of operator give name										,	
and address of previous operator											
II. DESCRIPTION OF WELL A	AND LEA	SE						_			
Lease Name	Well No. Pool Name, Include				-			(Lease No.			
Todd "23J" Federal	2 Sand Dunes				- Cher	- Cherry Canyon State,			Federal or Fee NMO405444		
Location Unit LetterJ	· :	1980	Feet F	rom The	outh Li	1650). Fe	et From The	East	Line	
Section 23 Township	, 23s		Range	31E	, N	IMPM,			Eddy	County	
III. DESIGNATION OF TRAN	SPORTE			ID NATU							
Name of Authorized Transporter of Oil EOTT Energy Corp Or Condensate EOTT Energy Corp Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188 Houston, TX 77251-1188										nt)	
	EOTT Energy Corp					•					
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent)					nt)	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 23	Twp. 235	Rge.	1 -	ly connected?	When	7			
If this production is commingled with that f	rom any othe	er lease or p	oool, gi	ve commingl	ing order nur	iber:					
IV. COMPLETION DATA											
Designate Type of Completion -	(X)	Oil Well		G28 Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded Date Compl. Ready to Prod.					Total Depth	Total Depth			· · · · · · · · · · · · · · · · · · ·		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations								Depth Casing Shoe			
									6 0.100		
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
								posted 1D-3			
			 					12:	12 31-93		
									teha Trans		
V. TEST DATA AND REQUES	T FOD A	LLOWA	DIE		<u> </u>						
_					ha annal ta ar			doub on he	Com 6.11 24 hour	1 1	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						ethod (Flow, pu			or jui 24 nou	3.)	
					<u> </u>		······································	Choke Size			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					· · · · · · · · · · · · · · · · · · ·	· ·········					
Actual Prod. Test - MCF/D Length of Test					Bbls. Conde	nsate/MMCF		Gravity of Condensate			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
								<u> </u>			
VI. OPERATOR CERTIFICA	ATE OF	COMP:	LIAN	NCE	II ,		ICEDIA	ATION		NA 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 is true and complete to the best of my knowledge and belief.							•				
is the and complete to the best of thy anowledge and belief.					Date ApprovedPEC 2 & 1993						
NEX_/					11						
Signature					By_	By					
W. E. Wince, Jr. Contract Administrator					Title Supervisor, District						
Printed Name Title December 20, 1993 (405) 235-3611					Title			". DISTR	107 H		
December 20, 1993 Date		Telep	ohone 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.