Submit S Cories Appropriate District Office									Form C-104 Revised 1-1-89			
	CEIVED					·			See Inst			
DISTRICT II	0	OL CO	ONS	ERVA P.O. Bo		DIVISIO	N	Santa Fi		TED /		
P.O. Drawer DD, Artesia, NM 88210 AU DISTRICT III	AUG 04 '89 Santa Fe, New Mexico 87504-2088											
1000 Rio Brazos Rd., Aztec, NM 87410		ST FO	RAU			AUTHORI	ZATION	Operato	Ga			
I. APT	ESIA, OFFICE						AS	PI No.				
Devon Energy Corpor	ation (Ne	evada)							······			
Address 1500 Mid America To	wer, 20 N	North	Broad	lway, (73102		<u></u>		
Reason(s) for Filing (Check proper box)		hange in I		ar of:	0	her (Piease expl	ain)					
Recompletion	Oil		Dry Gas									
Change in Operator	Casinghead (Gas 🔲 (Condens	ale		<u> </u>						
and address of previous operator		·										
IL DESCRIPTION OF WELL												
Lesse Name Todd "23" Federal	×	Well No. Pool Name, lactudi 3 Sand – Du						t Leur Gelera Dor Fee				
Location		<u>_</u>										
Unit LetterJ	_ :	<u> </u>	Feet Fro	m The <u></u>	uth Li	ne and) Fe	et From The _	East	Line		
Section 23 Townsh	ip 23S	1	Range	3	1E .P	MPM, Ec	ldy			County		
III. DESIGNATION OF TRAI	NSPORTER	OF OII	LAND	NATU								
Name of Authorized Transporter of Oil Pride Pipeline Comp								copy of this form is to be sent) , Texas 79604				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas						P.O. Box 2436, Abilene, Texas 79604 Address (Give address to which approved copy of this form is to be sen!)					
Natural Gas Pipelin If well produces oil or liquids,					÷	ox 283, 1						
give location of tanks.						is gas actually connected? When Yes			7 June 3, 1983			
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or po	ool, give	commingl	ing order nur	nber:						
Designate Type of Completion	- (X)	Oil Well	Ga	ss Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl.	Ready to I	bor.		Total Depth			P.B.T.D.		· · · · · · · · · · · · · · · · · · ·		
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET			ACKS CEM	ENT		
HOLE SIZE	CASIN	CASING & TUBING SIZE			DEFINISET			Post ID-3				
								8-11-89 cha HT: LIPC				
V. TEST DATA AND REQUE							anabla far shi	e death as he i	an full 24 hav	1		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	volume oj	1000 01	i ana musi		or exceed top allowable for this depth or be for full 24 hours.) Method (Flow, pump, gas lift, etc.)						
								Choke Size				
Length of Teix	Tubing Pressu	Tubing Pressure				Casing Pressure						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
	1	<u> </u>			<u> </u>							
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	anau/MMCF		Gravity of Condensate				
					Participant (Plant in			Choke Size				
Testing Method (pilot, back pr.)	TUDING Press.	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			HINKE SIZE			
VI. OPERATOR CERTIFIC	ATE OF C	COMPI	IAN	CE][ICEDV	ATION				
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 classify knowledge and belief						Date Approved <u>8-8-89</u>						
MI Dachworth						Onbarray a durason						
Signature						By provide						
J. M. Dyckworth, District Engineer Printed Name Table						Title OIL AND GAS INSPECTOR						
August 2, 1989 Date	(405		5-36] hone No									
Frank		: orch			Ц							

- 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.

Separate Form C-104 must be filed for each pool in multiply completed wells.