Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico _nergy, Minerals and Natural Resources Departs

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

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

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

OIL CONSERVATION DIVISION

1 = 0 2 = 1992

DISTRICT III		
1000 Rio Brazos	Rd. Aziec. NM	87410

	TO TRANSPORT OIL AND NATURAL GAS
M21ec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION

O. C. D.

I.	TO	TRANSP	ORTO	IL AND N	ATURAL	MAS	A STATE	SARRY F	
Operator			<u> </u>	1271112 117	TO DE		I API No.		
Devon Energy Corp	oration (Neva	ada)					30 - 015 - 270	75	
Address						· · · · · · · · · · · · · · · · · · ·	30 013 270	7.5	
20 North Broadway		Oklahom	a City		3102				
Reason(s) for Filing (Check proper New Well	•	:			her (Please exp	•			
Recompletion	Oil	nange in Transpo		(Change of	well	name		
Change in Operator	Casinghead G								
If change of ocerator give name			-						
and address of previous operator									
II. DESCRIPTION OF W	ELL AND LEAS!	E							
Lease Name	W	eli No. Pool Na	ime, İnclu	ding Formation			of Lease	Lease No.	
Todd "26M" Federal		9 In	gle We	ells Dela	ware	State	, Federal or Fee	NM0405444-A	
Unit Letter M	: 660	Feet Fro	om The _	South Lin	e and9	901	eet From The	West Line	
Section 26 To	wnship 23S	Range	31	E N	a em e				
	<u> </u>	Range	21	<u>r</u> , N	MPM,		Eddy	County	
III. DESIGNATION OF T	RANSPORTER (OF OIL ANI	NATE	RAL GAS					
Name of Authorized Transporter of	Oil X or (Condensate			e address to wi	hich approve	d copy of this form	is to be sent)	
Pride Pipeline				P. O.	Box 2436	Abile	ene, TX	79604	
Name of Authorized Transporter of NGPL	Cazinghead Gas	X or Dry C	ias 🗀	Address (Gin	e address to wi	uch approve	d copy of this form	is to be sent)	
If well produces oil or liquids,	115: 15:				Box 283	Housto	n, TX 77	001	
give location of tanks.	Unit Sec	. Twp. 26 23s	1 Rge. 31E	is gas actuali		When	1 ?		
If this production is commingled with		Ase or pool give	O TE	ling order sum	<u>s</u>		October	31, 1992	
IV. COMPLETION DATA		and or poor, give	· constitute	und order untui	····				
Desired T. CC.	Oi	i Well Ga	s Well	New Well	Workover	Deepen	Plug Back Sar	no Paris. Prim n	
Designate Type of Comple	i			j -		, Dupi	I ring back [52]	ne Res'v Diff Res'v	
Date Spudded	Date Compl. Re	ady to Prod.		Total Depth		<u> </u>	P.B.T.D.	<u></u>	
Elevations (DF, RKB, RT, GR, etc.)	N CD			! ↓					
Dr, RRB, RI, OR, Elc.)	Name of Produc	ing Formation		Top Oil/Gas I	ay	-	Tubing Depth		
Perforations									
							Depth Casing Sh	Oe	
	TUBI	NG, CASIN	G AND	CEMENTIN	IC RECOR				
HOLE SIZE		& TUBING SIZ		DEPTH SET			SACKS CEMENT		
								Pot TO- 2	
							1-1-	93	
							the	will name	
V. TEST DATA AND REQU	IEST EOD ALL	NUADIE					0		
OIL WELL (Test must be at	ter recovery of total vo	JVV ADLE	and m	h a amuslau			_		
Date First New Oil Run To Tank	Date of Test	of load bu	unu musi	Producing Men	hod (Flow, pun	vable for this	depth or be for fu	ll 24 hours.)	
			ļ		, p	ψ, gw igi, e	ic.,		
Length of Test	Tubing Pressure			Casing Pressur	e		Choke Size		
Actual Prod Project Total									
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF		
G. O. TTOTAL								-	
GAS WELL		_							
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensa	ue/MMCF		Gravity of Conde	nsate	
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)						· !			
(раск, ада рг.)	Pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI OPERATOR CERTIFIC	ICATE OF CO			<u> </u>					
VI. OPERATOR CERTIF I hereby certify that the rules and re	Mations of the CO	MPLIANC	E	0	II CONG	SEDV/	TION DIV	(1010)	
Division have been complied with a	and that the information	mives shows			OO140			•	
is true and complete to the best of n	ny knowledge and belie	ıf.		Dota	Anneces		EC 2 3 199	2	
A.I.I. AIR	11			Date /	Approved				
Levery O'Donnell			ORIGINAL SIGNED BY						
Signature Debby O'Donnell	Engineering	Technis	_	Ву		WILLIA			
Printed Name		Title	1 11	T :.1 =			DISTRICT I	1	
December 18, 1992		235-3611		Title _					
L-dit	•	Telephone No.	- 11						

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.