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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

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED
MAR 29 1993

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Devon Energy Corporation (Nevada)	Well API No. 30-015-27101
Address 20 North Broadway Suite 1500 Oklahoma City, OK 73102	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Todd "26G" Federal	Well No. #8	Pool Name, Including Formation Ingle Wells Delaware	Kind of Lease S.M.S. Federal & Resx	Lease No. NM 0405444-A
Location Unit Letter G : 1650 Feet From The north Line and 2310 Feet From The east Line Section 26 Township 23S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436 Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Mineral, Inc.	Address (Give address to which approved copy of this form is to be sent) 921 Sanger Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 26	Twp. 23S	Rge. 31E	Is gas actually connected? yes	When? 3-5-93

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12/29/92	Date Compl. Ready to Prod. 3/05/93		Total Depth 8340'		P.B.T.D. 8292'			
Elevations (DF, RKB, RT, GR, etc.) 3438.5"	Name of Producing Formation Delaware		Top Oil/Gas Pay Delaware 8088		Tubing Depth 7966'			
Perforations 8,088' - 8,150' (124 holes)					Depth Casing Shoe 8340'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		830'		650 sx Part ID-2			
11"	8 5/8"		4390'		1900 sx 4-2-93			
7 7/8"	5 1/2"		8340'		1125 sx comp & B/L			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 3/5/93	Date of Test 3/11/93	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24 hrs.	Tubing Pressure 400	Casing Pressure 1375	Choke Size 19/64"
Actual Prod. During Test	Oil - Bbls. 262	Water - Bbls. 106	Gas - MCF 327

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Charles W. Horsman District Engineer
Printed Name
3/26/93 Title
(405) 552-4508
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 31 1993

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.