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
See Instructions
At Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

HOV 2 5 1992

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

0. CD.

I	TO TRANSPORT OIL AND NATURAL GAS										
Operator	1					Well	Well API No.				
Devon Energy	Devon Energy Corporation (Nevada					3	30-015-27103				
Address											
20 North Broad Reason(s) for Filing (Check proper box)	way S	uite	1500 Ok	lahoma			02		·		
New Well		Channa in	Transporter of:	Oth	er (Please expl	ain)					
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghead		Condensate								
If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA										
Lease Name Well No. Pool Name, Includ				-		l l	of Lease No. XFederal of Ref X		se No.		
Todd "26" Federal		11	Ingle We	ells Delaware			TOWN OF THE A	NM040	5444-A		
_	0.0	0		N	0.0			_			
Unit Letter A : 990 Feet From The N Line and 890 Feet From The E 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 6 X or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casin	P.O. Box 2436 Abilene, TX 79604 Address (Give address to which approved copy of this form is to be sent)										
NGVL	me of Authorized Transporter of Casinghead Gas or Dry Gas										
If well produces oil or liquids,	Unit Sec. Twp. Rge.			Is gas actually		When					
give location of tanks.	F	_26	23S 31E	у	es	i	11-19-	92			
If this production is commingled with that	from any othe	r lease or p	ool, give comming	ling order numb	ег:						
IV. COMPLETION DATA			······	·							
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Weli	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Date Spudded		Ready to	Prod	Total Depth		ll	1	l			
Date Spudded Date Compl. Ready to Prod							P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
3479.1	Delaware			Delaware 8052			7.952'				
Perforations							Depth Casing Si	noe			
8,052 '- 8,070' an	.210'	8,400'									
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			7							
17 1/2"	13 3/8"			<u>DEPTH SET</u> 850 '			SACKS CEMENT 800 OF ID-2				
11"		8 5		4,450'			2300 1-1-93				
7 7/8"		5 1/2"			8,400'			1150 comp + BK			
W. MIROT DAMA AND DECLINA											
V. TEST DATA AND REQUES											
					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
	11 /00 /00				Flowing						
11/21/92 Length of Test	<u> </u>			Casing Pressure			Choke Size				
6 hrs	5.5	550 psi			1,110 psi			22/64			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
	10	0.3			6		12	0			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	est	,,	Bbis. Condens:	ie/MMCF		Gravity of Cond	ensate			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Code Since				
							Choke Size				
VI OPERATOR CERTIFIC	ATE OF	COME	LANCE				· · · · · · · · · · · · · · · · · · ·		<u>_</u>		
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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.				Date ApprovedDEC 2 6 1992							
Ch. 14.114.							·				
Signature					By ORIGINAL SIGNED BY						
Charles W. Horsman District Engineer				MIKE WILLIAMS							
Printed Name Title 11-20-92 (405) 235-3611				Title SUPERVISOR, DISTRICT IF							
11-20-92 Date	(4)		5-3611 none No.								
		, etch1	~~ · ~.								

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.