Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION JAN 2 8 1993 P.O. Box 2088 Santa Fe, New Mexico 87504-2088

O. C. D.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	ANSPO	RT OIL	_ AND NA	ATURAL GA					
Operator							Well	API No.		-	
Devon Energy Corporation (Nevada) Address							30-015-27105				
20 North Broadway Si	ite 1500) 0k1	lahoma	City	OK 7	73102				 	
Reason(s) for Filing (Check proper box)			•	☐ Ot	her (Please explo	iin)				
New Well		Change in	Transport	ter of:			CALL.			NOT BE	
Recompletion	Oil		Dry Gas				na com s		4/1/		
Change in Operator	Casinghea	ad Gas 🔲	Condens	ate 🗌			Full Commence	المراجعين بأناط أناكان	$\pm irt$	7,>	
f change of operator give name and address of previous operator								-AN BAUE - M. 18 OBI		ROM	
• •		. 05					THE D. L	. M. 15 OD	MINED		
II. DESCRIPTION OF WEL	L AND LE		T								
Lease Name	Well No. Pool Nam				-			Kind of Lease State, Federal or Fee		Lease No.	
Todd "269" Federal	Federal 15 Ingle W				lls Delaware			NM0405444-A			
Location Unit Letter O	. 3	330	East Ess	- The G	south Li	10	980 F	et From The	east	7 f	
Oint Letter					_				east	Line	
Section 26 Towns			Range	31F	<u> </u>	MPM,	Edo	ay		County	
III. DESIGNATION OF TRA	NSPORTE			NATU.							
Name of Authorized Transporter of Oil		or Conden	isate [Address (Gi	ve address to wh	ich approved	l copy of this form	is to be ser	u)	
Pride Pipeline					P. O.	Box 2436	Abile	ne, TX 7	9604		
Name of Authorized Transporter of Cas	inghead Gas	X	or Dry G	as 🔲	Address (Gi	ve address to wh	ich approved	copy of this form	is to be sen	u)	
NGPI.						Box 283				•	
If well produces oil or liquids,	Unit Sec. Twp. Rge.				ly connected?	When		77001			
ive location of tanks.	Fa	26	238		1	onnected		on connec	tion t	a hattam	
this production is commingled with the V. COMPLETION DATA								oon connec	LION L	<u> </u>	
	- 00	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Designate Type of Completio	n - (X)	X			X	1		<u> </u>		1	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.			
11/25/92	1/25/9 3			8388'			8342'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
3462.4'	Delaware			Delaware 7 50			7874'				
Perforations	Delawate				Delaware			Depth Casing Shoe			
70001 700001 00101 0						_			r.c		
<u>7980'-79990', 8012'-8</u>	<u>020', 80</u>	<u> 140'-80</u>	84 8	<u> 150'-8</u>	3202 (2	28 holes		8388'			
	TUBING, CASING AND						T				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT					
17 1/2"	1	13 3/8"			830'			650 sks (47 TO-2			
11"		8 5/8"			4424'			2350 sks 2-12-93			
7 7/8"		5 1/2"			8388'			1200 sks Lown V BK			
	2 7/8"			7874'							
. TEST DATA AND REQUI					L	7074		<u> </u>			
				and must	he equal to a	r exceed ton allo	wahle for this	s denth or he for f	ull 24 have	. }	
						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
1/27/93	Date of Test 1/25/93										
					flowing			Chales Cia			
Length of Test	Tubing Pre	SSUITE	5 0		Casing Press		_	Choke Size			
24 hrs.			50			83	0	<u> </u>	32/6	54	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF		-	
		2	200				213		215	5	
CARWELL			-			 					
GAS WELL Actual Prod. Test - MCF/D	Tanas as 1	Test			Dhie Cande	POLO A DICE		Consider of Co.			
normal Figure 1691 - MICE/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
W OPER A POR COLO		00: =	• • • • •		lr			.!			
I. OPERATOR CERTIFIC				Ŀ			CEDV	ATION DI	VICIO	N I	
I hereby certify that the rules and reg					'		SER V	ATION DI	VIOIO	IN	
Division have been complied with an			n above								
is true and complete to the best of my	kurowiedge an	nd belief.			Date	e Approved	4	JAN 2 9	1993		
1/ ////////////////////////////////////	/			ı		, ipploved		VIII 6 V	U		
Mad W Ha	can	_			_	A		SELECT ON			
Signature					By ORIGINAL SIGNED BY						
Charles W. Horsman						MIKE WILLIAMS					
Printed Name			Title		Title	SUPE	RVISOR,	DISTRICT I			
1/26/93	(405) 235-	3611	_	''''e			- · · · · · · · · · · · · · · · · · · ·	· · · · · ·		
Date		Teler	phone No.		ll .						

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.