

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Devon Energy Corporation (Nevada) ✓	Well API No. 30-015-27199
Address 20 North Broadway Suite 1500 Oklahoma City, OK 73102	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/>	
Change in Transporter of: Recompletion <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 "26I" Federal	Well No. 20	Pool Name, including Formation Ingle Wells Delaware	Kind of Lease State, Federal or Fee	Lease No. NM0405444-A
Location Unit Letter I : 1980 Feet From The south Line and 660 Feet From The east Line Section 26 Township T23S Range R31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Pride Pipeline	or Condensate <input type="checkbox"/>	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 Minerals, Inc.	or Dry Gas <input type="checkbox"/>	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? 7-7-93

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-9-93	Date Compl. Ready to Prod. 7-7-93		Total Depth 8340'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3461.3'	Name of Producing Formation Delaware		Top Oil/Gas Pay Delaware		Tubing Depth 7940'			
Perforations 8170'-8186' and 8042'-8050' Lower Brushy Canyon "B" and "D"					Depth Casing Shoe 8340'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		818'		650 - circ to surface			
11"	8 5/8"		4200'		1700 - circ to surface			
7 7/8"	5 1/2"		8340'		975 - 2 stage			
	2 7/8"		7940'		none			

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 7-7-93	Date of Test 7-21-93	Producing Method (Flow, pump, gas lift, etc.) pumping
Length of Test 24 hours	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls. 144	Water - Bbls. 181
		Gas - MCF 256

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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
8-2-93
Date
(405) 552-4508
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 24 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.