

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

JAN 14 1994

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator Devon Energy Corporation (Nevada)		Well API No. 30-015-27386
Address 20 North Broadway Ste. 1500 Oklahoma City, OK 73102		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
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 "25M" Fed.	Well No. #13	Pool Name, including Formation Ingle Wells Delaware	Kind of Lease State, Federal or Fee	Lease No. NM0544986
Location Unit Letter <u>M</u> : <u>662</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>west</u> Line Section <u>25</u> Township <u>T23S</u> Range <u>R31E</u> , <u>NMPM</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
EOTT Energy Corporation	P. O. Box 1188 Houston, TX 77251					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Llano	921 Sanger Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 25	Twp. 23S	Rge. 31E	Is gas actually connected? yes	When? 12/18/93

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 10/21/93	Date Compl. Ready to Prod. 12/18/93		Total Depth 8370'			P.B.T.D. 8315'		
Elevations (DF, RKB, RT, GR, etc.) 3480'	Name of Producing Formation Delaware		Top Oil/Gas Pay Delaware			Tubing Depth 8223'		
Perforations 6748'-6778', 7128'-7198' and 8091'-8248'						Depth Casing Shoe 8370		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		860'		700 sx <i>part of 2</i>			
11"	8 5/8"		4370'		1500 sx <i>3-4-94</i>			
7 7/8"	5 1/2"		8370'		1075 sx <i>comp v BK</i>			
	2 7/8"		8223'					

**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 12/18/93	Date of Test 1/2/94	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 130	Water - Bbls. 454	Gas - MCF 120

**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.

*Debby O'Donnell*  
Signature  
Debby O'Donnell Engineering Tech  
Printed Name Title  
1/12/94 (405) 552-4511  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved JAN 28 1994

By \_\_\_\_\_

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.