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

Revised 1-1-89
See Instructions at Bottom of Page

DISTRICT II
PO Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

r.O. Diawa DD, Alessa, NM 86210	Santa Fe, New Mexico 87504-2088										
ISTRICT III 000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION											
•	REQI										
I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No.											
Operator Forman Com-	1117	1117									
Devon Energy Corporation (Nevada)					(0/2/ 30-			-015-27706			
20 North Broadwa	r Cuit	e 1500	Ok Lahar	O: h	OD 731/	20					
Reason(s) for Filing (Check proper box)	y Surt	e 1300	Oktanoi	na City,	OK 731(her (Please exp						
New Well		Change in	Transporter of:		son (s seame expa	ww.					
Recompletion	Oii		Dry Gas]							
Change in Operator	Cazinghea	_	Condensate	1							
If change of operator give name											
and address of previous operator					<u> </u>						
II. DESCRIPTION OF WELL AND LEASE 33745											
Lease Name	3903		Pool Name, Inci	-	- L				ease No.		
Tdoo "25C" Feder	aľ	3	Ingle Wel	ls Delaw	are	State	Federal or Fee	NM O	444986		
Location											
Unit LetterC	_ : <u>3</u> :	30	Feet From The .	north_Li	ne and <u>165</u>	<u> </u>	eet From The _	west	Line		
25 -		_									
Section 25 Townshi	ip 239	<u>S</u>	Range	31E , N	IMPM,	-	Eddy		County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)									
EOTT Energy Corp		· · · · · · · · · · · · · · · · · · ·									
Name of Authorized Transporter of Casin		T	or Dry Gas	Address (Gi	P. O. Box 1188 Houston, TX 77251 Address (Give address to which approved copy of this form is to be sent)						
Llano	.					lobbs, N					
If well produces oil or liquids,	Unit Sec. Twp. Rge.			c. is gas actual		When					
give location of tanks.	e location of tanks. F 25 23S 31E				yes			1/19/94			
If this production is commingled with that from any other lease or pool, give commingling order number:											
IV. COMPLETION DATA					\ <u></u>						
Designate Type of Completion	œ	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of Completion		X		<u> </u>	<u> </u>	<u></u>			İ		
Date Spudded	1 -	l. Ready to F	rod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	12/8/93 1/19/94 stions (DF, RKB, RT, GR, etc.) Name of Producing Formation					8400 ° Top Oil/Gas Pay			8354'		
$RKB \text{ to } GL = 12.5^{\circ}$	4	_	nauon	1 -				Tubing Depth			
RKB to GL = 12.5 Delaware					Delaware			80931			
8044'-8250' (24 h	nvon IIAII	"B", "D	n nen	Depth Casing							
			ASING ANI			1 1	<u> </u>	<u> 400'</u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
17 1/2"		13 3/8		 	860'			725 sx - circ to surf			
11"	8 5/8"				4345'			1450 sx - circ to surf			
7 7/8"	5 1/2"				8400'			775 sx - TOC @ 2930'			
		2 7/81			8093'				<u> </u>		
7. TEST DATA AND REQUEST FOR ALLOWABLE											
OIL WELL (Test must be after re Date First New Oil Run To Tank			load oil and mu					full 24 hours			
	Date of Test			Producing Me	Producing Method (Flow, pump, gas lift, etc.)						
1/19/94 Length of Test	Tubing Pro	1/25/9	94	Casina Pros	Casing Pressure			Choke Size			
24 hrs	Tubing Pressure			Casing Fresh	Caking Pressure			CAND Y RI			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis	Water - Bbis.			4/64"/			
	105				· · · · · · · · · · · · · · · ·			1.50			
GAS WELL				_1	263			159			
Actual Prod. Test - MCF/D	Length of Te	est		Bbis. Conden	ento AANCE		Construct Co	,			
77.7				Dois. Conde	LEVINCE		Gravity of Con	Densate			
sting Method (puot, back pr.) Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)						
					(,		Choke Size				
/L OPERATOR CERTIFICATE OF COMPLIANCE							!				
I bereby certify that the rules and regulations of the Oil Conservation					DIL CON	SERVA	ATION D	IVISIO	N		
Division have been complied with and that the information given above]				, • 10101	1 🔻		
is true and complete to the best of my knowledge and belief.				Date	Date Approved FEB 1 1 1994						
211 22				Date	whhioved	<i></i>					
_ Debby O'Donnel	<u>L</u>			Par							
Signature 0				∥ _R A−	BySUPERVISOR. DISTRICT II						
Debby O'Donnell Engineering Tech. Printed Name Title					SUPERVISOR						
_ • •	(405) 5			Title.							
Date		Telepho									

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.