State of New Mexico

Energy, Minerals & Natural Resources Department

Form C-104

Revised October 18, 1994 Instructions on back

PO Box 1980, Hobbs, NM 88241-1980

District II

OIL CONSERVATION DIVISION 2040 South Pacheco

Submit to Appropriate District Office

5 Copies

1000 Rio Brazos Rd., Aztec, NM 87410

PO Drawer DD, Artesia, NM 88211-0719

AMENDED REPORT

Santa Fe, NM 87505 District IV 2040 South Pacheco, Santa Fe, NM 87505 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator Name and Address OGRID Number Devon Energy Production Company, LP 6137 20 N. Broadway, Suite 1500 Reason for Filing Code Oklahoma City, OK 73102-8260 NW Pool Code API Number Pool Name 96836 30-015-33192 Red Lake; Glorieta-Yeso Property Name Property Code Well Number Eagle 34K Federal 19417 43 **Surface Location** UI or lot no. North/South Line Section Township East/West Line County Range Lot.Idn Feet from the Feet from the 27E 34 17**S** 2310 South 2410 East Eddy K **Bottom Hole Location** UI or lot no. Section Township Lot.Idn Feet from the North/South Line Feet from the East/West Line Range County C-129 Effective Date Producing Method Code Gas Connection Date C-129 Permit Number C-129 Expiration Date Lse Code 5/15/2004 III. Oil and Gas Transporters 20 POD O/G Transporter Transporter Name POD ULSTR Location OGRID and Address and Description 015694 Navajo Refining 0 PO Box 159 Artesia, NM 88211 036785 Duke PO Box 50020 Midland, TX 79710-0020 RECEIVED AUG 0 2 2004 ODD:ARTEQIA IV. Produced Water 23 POD ²⁴ POD ULSTR Location and Description V. Well Completion Data Spud Date Ready Date TD PBTD Perforations OHC, DC, MC 4/22/2004 3,494 2923-3254 3444 31 Hole Size asing & Tubing Size Depth Set ³⁴ Sacks Cement 12 1/4 8 5/8 j55 300 Sx Class C, circ 65 sx 440 7 7/8 3494 5 1/2 J55 725 Sx Class C, circ 66 sx

VI. Well Test Da		27	20		6 -
35 Date New Oil	36 Gas Delivery Date	37 Test Date	38 Test Length	39 Tbg. Pressure	40 Csg. Pressure
5/16/2004	5/16/2004	5/31/2004	24		
⁴¹ Choke Size	⁴² Oil	43 Water	" Gas	⁴⁵ AOF	46 Test Method
	47	243	40		P
with and that the information knowledge and belief. Signature: Printed Name:	Linda Guthrie egulatory Specialist Phone: (4	olete to the best of my YUE AI Ti	//9	ONSERVATION DIVI TIM W. G DISTRICT II SUF AUG	UM
" tC.1 ' ' 1 C	erator fill in the OGRID numb	er and name of the previo	us operator		