## State of New Mexico

Energy, Minerals & Natural Resources Department

Form C-104

Revised February 10, 1994

PO Box 1980, Hobbs, NM 88241-1980 District II

DEGREE DE		NIN # 0004	1.0510	OII A	CONCED	VATION	J DINTE	CION		<b>.</b>	Instructions on back		
PO Drawer DD	, Artesia,	NWI 8821	1-0/19	OIL CONSERVATION DIVISION PO Box 2088						Submit	to Appropriate District Office		
District III	27.440								5 Copies				
1000 Rio Brazo District IV	5/410	Santa Fe, NM 87504-2088							AMENDED DEDORT				
PO Box 2088, Santa Fe, NM 87504-2088										AMENDED REPORT			
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
Operator Name and Address COGRID Number													
DEVON EN	ERGY (	OPERA?	TING CORPO	ORAT!	ION (DEOC	)	136025						
20 North Bro							Reason for Filing Code						
Oklahoma C		ahoma	73102					CHANGE OF OPERATOR					
API 1			Grayburg Jackson				R-Q-G-SA			Pool Code 28,509			
Prope			Property N				ne			Well Number			
<sup>7</sup> Property Code LC 029548-A 15973			CAR	C. A. RUSSELL				6			ven Number		
<u> </u>				C. A. ROBBLEE				<u> </u>			O C D.		
II "Surface Location UI or lot no. Section Township				Range Feet from the			North/South Line Feet from the			East/West Line County			
C		T-17S	R31E		990'	N	u car	<b>265</b> 138	Į.	W	EDDY CO.,NM		
" Bot	tom H	ole Lo	cation	*		<del></del>							
UI or lot no.	Section	Township	Range	]	Feet from the	North/Sout	h Line	Feet from	the East/	West Line	County		
		<u> </u>							. 5				
" Lse Code	" Produc	ing Metho	d Code	4	Ī	" C-129 Pern	nit Number	·   " c	-129 Effectiv	e Date	C-129 Expiration Date		
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IV. Prod		vater	<del></del>		-	×							
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V. Well (	omple	etion D	) ata				<del></del>			<del></del>			
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57-50 Dan			Ready Date			10		עום		renorations			
* Hole Size			31				32	Depth Set		# Si	acks Cement		
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				··· <u>-</u>	<del></del>					CHq	OP		
VI. Well	Test D	ata				J	<del></del>		<u> </u>				
" Date 1			Gas Delivery Da	ate	n Test Date	37	Test Lengt	th T	* Tbg. 1	Pressure	30 Csg. Pressure		
									10g. 1	ressure	Csg. Fressure		
" Choke	Size		41 Oil		42 Water		4 Gas		44	AOF	" Test Method		
"I hereby certify t							0.11		1 T T T A F T T	^\\			
with and that the knowledge and b		A de la la	3-45° 67	omplete	to the best of my		OI	L CONS	SERVATI	ON DIVIS	SION		
knowledge and belief.  Signature:							Approved by: SUPERVISOR, DISTRICT II						
Printed Name: July DUCKWORTH						Approved by: SUPERVISOR, DISTRICT D							
Title: OPE	RATIO				ι,	Annoval Date:							
Date: 9/22/94 Phone:			Phone:	one: 405-552-4530			#UV 0 8 1994						
If this is a ch	ange of on	erator fill	in the OGRID nu	mber an	d name of the pr	evious operat	or						
SOCOR FIROLER COMBANY													
8	re house	pgeogly	mature	-		rinted Name				Title	Date		
J. M. DUC							VORTH OPERATION 9/22/94						