iste District Office 80, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Departm.

RECEIVED Re

RICT II Frawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 16'89

| L. | REQUEST | J | | | AUTHORIZ TURAL GA | | O. C. D. ARTESIA, OFFI | CE | | |
|---|--|---------------------------|---------|--|---|---------------|---|-------------|----------------------|--|
| Operator Devon Energy Corpo | | | 1 | Well API No. 30-015-20746 | | | | | | |
| Address 1500 Mid-America T | ower. 20 North | n Broadwa | av. | Oklahoma | City, O | | | | | |
| Reason(s) for Filing (Check proper box | | | | | et (Piease expla | | | | | |
| lew Well | Change i | in Transporter o | of: | Change | well na | me from | Etz Stat | e #23 | | |
| Recompletion | Oil _ | Dry Gas | Щ | | | | | | | |
| hange in Operator | Casinghead Gas | Condensate | | | | | | | | |
| change of operator give name d address of previous operator | | | | | | | | | | |
| I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Inclu | | | | tine Respection Kind | | | of Lease No. | | ease No. | |
| Etz State Unit (TR | | | | | | | State, RedundronFre | | в 936 | |
| ocation N | 990 | _ Feet From T | | outh | 16 | 550 R | et From The | est | Line | |
| Section 16 Township 17S Range 30E | | | 0E | , NMPM, | | | Eddy Count | | County | |
| II. DESIGNATION OF TRA | NCPOPTED OF | NI AND N | A 'T' I | DAL GAS | | , | | | | |
| iame of Authorized Transporter of Oi | or Cond | | AIU. | Address (Gin | | • • • • | copy of this form | | _ | |
| TX-NM Pepeling Go. | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| me of Authorized Transporter of Casinghead Gas or Dry Gas or Dry Gas | | | | | | | copy of this form | | | |
| well produces oil or liquids, ve location of tanks. | Unit Sec. | Twp. | Rge. | | y connected? | When | | | | |
| this production is commingled with the | at from any other lease o | C DOOL Sive on | mminol | ing order more | her: | | | | | |
| COMPLETION DATA | at Holli ally Guite Rest G | · pout, gave ou | | and ottoe war. | | | - · · · · · · · · · · · · · · · · · · · | | | |
| Designate Type of Completic | on - (X) | ll Gas V | Veli | New Well | Workover | Deepen | Plug Back Sar | ne Res'v | Diff Res'v | |
| ate Spudded | Date Compl. Ready | to Prod. | | Total Depth | | | P.B.T.D. | | | |
| evations (DF, RKB, RT, GR, etc.) | T, GR, etc.) Name of Producing Formation | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | J | | | Depth Casing Shoe | | | |
| | | | | CEMENTING RECORD | | | SACKS CEMENT | | | |
| HOLE SIZE | CASING & 1 | UBING SIZE | | 1 | DEPTH SET | | SAC | NS CEN | ENI | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| . TEST DATA AND REQU | EST FOR ALLOW | ARLE | | | | | <u> </u> | | | |
| | er recovery of total volum | | d musi | be equal to or | exceed top allo | wable for the | s depth or be for f | รัป! 24 hoi | σs.) | |
| ate First New Oil Run To Tank | Date of Test | | | | ethod (Flow, pu | | | | | |
| ength of Test | Tubing Pressure | | | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | Oil - Bbls. | | | Water - Bbis. | | | Gas- MCF | | |
| GAS WELL | | | | .l | | | -1 | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | Bbis. Condensate/MMCF | | | Gravity of Condensate | | | |
| esting Method (pitot, back pr.) | Tubing Pressure (Sh | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | |
| VI. OPERATOR CERTIF | ICATE OF COM | PLIANCE | ; | | 211 001 | ICEDY | ATIONIDI | Mer | Posted | |
| I hereby certify that the rules and re Division have been complied with a is true and complete to the best of/m | gulations of the Oil Conso | ervation | | | JIL CON | ≀SEKV nn | ATION DI T 2 0 1989 | v 1510 | IN 10 30 Chy Will | |
| a due and confidence to the best of | y anometige and benefit | | | Date | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | | | | |
| Signature J.M. Duckworth | ckworth District Engineer | | | | By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IT | | | | | |
| Printed Name 10-3-89 | (405) 235 - | Title | | Title | SUPE | TAIODI, | DISTRICT II | | | |
| Date | Te | lephone No. | | 11 | | | | | | |

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.