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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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State of New Mexico Linergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

0		IO IR	ANSI	OHI OII	L AND NA	TURAL G		A DI A1-			
Operator Devon Energy Corpor	Well API No. 30025				79						
Address	3002321077										
1500 Mid-America To Reason(s) for Filing (Check proper box		N. Bro	adwa	ay, Okla							
New Well	,	Change is	Transi	porter of:		ner (Please expl	ain)				
Recompletion	Oil		Dry C	. —							
Change in Operator 🗓	Casinghea	d Gas	Conde	ensate 🗌							
f change of operator give name and address of previous operator	Breck Op	eratir	ng Co	orp., P.	. 0. Box	911, Bre	eckenri	dge, TX	76424		
L DESCRIPTION OF WELL						··· =					
Lease Name	ling Formation Kind			of Lease No.							
Eidson "A" SWD	Penn State			, Federal or Fe	<u>*</u>						
Location	4	000		_		0.0	1.0				
Unit Letter F	:1	980	_ Feet I	Prom The	Vest Lin	e and231	<u>10 </u>	eet From The	North	Line	
Section 26 Towns	hip 16-S		Range	35-I	Ξ ,Ν	мрм,			Lea	County	
	Manana										
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Conde		ND NATU		ve address to wi	hich approve	d conv of this t	form is to be su	ent)	
none - Swd zu					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		acii appi o i c	· copy of may	0,771 50 00 30	,	
Name of Authorized Transporter of Cas	y Gas	Address (Give address to which approved copy of this form is to be sent)									
If wall are discussed as liquide	l n										
well produces oil or liquids, Unit Sec. Twp. Rge. Is gas a ve location of tanks.						is gas actually connected? When ?					
this production is commingled with the	at from any other	er lease or	pool, gi	ive comming	ling order num	ber:	t		···		
V. COMPLETION DATA		·									
Designate Type of Completio	n - (X)	Oil Well	\	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		e Compl. Ready to Prod.				Total Depth			P.B.T.D.		
					- AV.A		· · · · · · · · · · · · · · · · · · ·				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations					L			Depth Casing Shoe			
TUBING, CASING ANI					CEMENTI		D	1	T		
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	- 	· · · · · · · · · · · · · · · · · · ·	··········					1			
. TEST DATA AND REQUI	CT FOD A	I I OW	ARIE					.l			
IL WELL (Test must be after					be equal to or	exceed top allo	wable for thi	s depth or be j	for full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Tes				,	thod (Flow, pu		`		<u></u>	
anoth of Tot	T. U	Tuking December				ıre		Choke Size	Choke Size		
ength of Test	lubing Pres	Tubing Pressure				iie		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
				·							
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
······································		,	·			` ,					
I. OPERATOR CERTIFIC	CATE OF	COMF	LIA	NCE		211 002	10501	ATION	D. // O. / O		
I hereby certify that the rules and reg					(DIL CON	ISERV	AHON	DIVISIO	M	
Division have been complied with an is true and complete to the best of my			en abov	E		Anneces	-i	un e			
	1	,				Approve	u	· ·			
Deluda O	Kan	lu			By_	. mio S	Signed by	i			
Signature Belinda Lawler Production Clerk					Paul Kautz						
Printed Name			Title	 3	Title	Ge	ologist				
10-7-92 Date	(817)5		5 phone 1	No.				 			
PAC		1 616	hings (₩.	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.