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Spud Date Ready Date TD PBTD Perforations * Hole Size * Casing & Tubing Size * Depth Set * Sacks Cement * Hole Size * Casing & Tubing Size * Depth Set * Sacks Cement /I. Well Test Data * Gas Delivery Date * Test Date * Test Length * Tbg. Pressure * Csg. Pressure * Date New Oil * Gas Delivery Date * Test Date * Test Length * Tbg. Pressure * Csg. Pressure * Choke Size * Oil * Water * Gas * AOF * Test Method hereby certify that the rules of the Oil Conservation division have been complied off AOF * Test Method inted Name: Kris Baxter OIL CONSERVATION DIVISION ORIGIN AL SIGNED EY JERPY SEXTON agature: Marketing Representative Approved by: Crist ACT HEUPERIMICOR * If this is a change of operator fill in the OGRID number and name of the previous operator JAN 1 4 4 50 James		FOD						PODULS	TR Locatio	on and Description	1				
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* John Sut * Sacks Cement * John Sut * Sacks Cement * Date New Oil * Gas Delivery Date * Test Date * Date New Oil * Gas Delivery Date * Test Date * Choke Size * Oil * Test Date * Test Length * Test Method * Choke Size * Oil * Water * Gas * AOF * Test Method hereby certify that the rules of the Oil Conservation division have been complied OIL CONSERVATION DIVISION ORIGN AL SIGNED BY JEDRY SEXTON nowledge and belief. Marketing Representative Approved by: OIST ALCT I SUBERVATION DIVISION ORIGN AL SIGNED BY JEDRY SEXTON Approved by: OIST ALCT I SUBERVATION * Title: Narketing Representative Approved by: OIST ALCT I SUBERVATION * If this is a change of operator fill in the OGRID number and name of the previous operator Dist ALCT I SUBERVATION	Spud	Dute			Ready Date			ID PBID				Perforations			
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hereby certify that the rules of the Oil Conservation division have been complied ith and that the information given above is true and complete to the best of my howledge and belief. gnature: inted Name: Kris Baxter tle: Marketing Representative ate: 1-3-96 Phone: (405) 235-3611	" Date N	lew Oil		∽ Gas	Delivery D	ate	³⁶ Test Date	³⁷ Test Length ³⁸ Tb ₁		Tbg. Pre	bg. Pressure ³⁹ Csg. P				
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gnature: Yun Uufu Approved by: Marketing SUPERMISOR inted Name: Kris Baxter Title: tle: Marketing Representative Approval Date: ate: 1-3-96 Phone: (405) 235-3611 Image: Supersonance			1	•	, _	-	,								
Inted Name: Kris Baxter tle: Marketing Representative ate: 1-3-96 Phone: (405) 235-3611	gnature:	Thi	B	-fb	<u> </u>			Approved							
ate: 1-3-96 Phone: (405) 235-3611 *' If this is a change of operator fill in the OGRID number and name of the previous operator									<u> </u>				· · · · · · · ·		
⁴ If this is a change of operator fill in the OGRID number and name of the previous operator						-		Approval	Date:				JAN 12 1833		
If this is a change of operator fill in the OGRID number and name of the previous operator]	1-3-96	1	Phone:	(405) 235-3611								
Previous Operator Signature	" If this is a ch	ange of op	perator fi	ll in th	e OGRID 1	number and	name of the prev	ious operato	r						
Previous Operator Signature	<u> </u>							:		<u> </u>					
Previous Operator Signature Printed Name Title Date	P	Previous O	perator !	Signatı	ıre		Р	rinted Name			Tit	le	Date		



Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210 <u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 874	O]	rgy, Minerals	ERV P.O. I New N	ATION Box 2088 Mexico 87:	urces De _l . DIVI:SI 504-2088	ON		Form C- Revised I See Instri at Botton	-1-89 '
I. Operator		TRANSPO				GAS	I API No.		<u> </u>
Devon Energy C	orporatio	n					<u>30025205</u>	91	
20 N. Broadway Reason(s) for Filing (Check proper bo New Well Recompletion Change in Operator If change of operator give name	x)	inge in Transpor		<u> </u>	<u>2-8260</u> her (Please en Change	, ,	Transpo	orter	
and address of previous operator			- <u> </u>	·····					
II. DESCRIPTION OF WEL Lease Name	the second s		ne, includ	ing Formation		Kind	of Lease		e Na.
State "L"		5 Oil	. Cen	ter Bl.	inebry		, Federal or Fee		
Unit Letter E	. 1650	Feet From	m The <u>N</u>	orth Li	e and	<u>330</u> I	Feet From The	West	Lin
Section 11 Town	ship 21S	Range	36	, N	MPM,		Lea	3	County
III. DESIGNATION OF TRA	NSPORTER O	E OIL AND	NATU	RAL GAS					
Name of Authorized Transporter of Oil EOTT OIL PIPELINI	X or C	And the English	gy Pip	Address	e address 10	which approve	d copy of this for	m is to be sent)	
Name of Authorized Transporter of Cau	L COMPANY	LIECI	<u>VA 4-1</u>	<u>D9.0</u> .1	<u>5</u> UA 450	DO, HOR	BS, NM d copy of this for		1666
GPM GAS CORPORATI				4001 P	ENBROO	K ODES	SA, TX	79762	
f well produces oil or liquids, ve location of tanks.	Unit Sec.	Twp. 1 215	Rge. 36E	is gas actuali Ye s	•	When	n ?		
Designate Type of Completion ate Spudded levations (DF, RKB, RT, GR, etc.)	n - (X) Date Compl. Res Name of Produci	idy to Prod.	i Well	New Well Total Depth Top Oil/Gas 1		Deepen	Plug Back S P.B.T.D. Tubing Depth	ame Res v D	iff Res'v
erforations	I						Depth Casing S	Shoe	
		NG, CASING		CEMENTIN	IG RECOF	D	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	CASING	& TUBING SIZ	E		DEPTH SET		SACKS CEMENT		
		<u> </u>							
. TEST DATA AND REQUE IL WELL (Test must be after ate First New Oil Run To Tank	ST FOR ALLO recovery of total volt Date of Test		and must b	e equal to or a Producing Me	exceed top all thod (Flow, p	owable for this ump, gas lift, e	depth or be for j ic.)	full 24 hours.) `	
ength of Test	Tubing Pressure			Casing Pressu	e		Choke Size		
ctual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF		
AS WELL	<u>.l.,</u>		<u> </u>	<u> </u>			L		
tual Prod. Test - MCF/D	Length of Test		p	Bbls. Condens	ite/MMCF		Gravity of Cond	ensate	
ting Method (pilot, back pr.)	Tubing Pressure (S	hut-in)		Lasing Pressur	e (Shut-in)		Choke Size		
L OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my Signature W_E. Wince, Jr. Printed Nama-93 Contra Date	ations of the Oil Con that the information knowledge and belief <u>405-552-</u> ct Admini:	estiven above	E	Date / By	Approve Priginal s	JDEC HGNED BY GEOL	ТІОN DI 0 8 1993 р. кайтz -		
	T	elephone No.	11						

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.

					- 1			
Submit 5 Copies Appropriate District Office DISTRICT I	Energy, N	State of Inerals and N	New Mexic atural Resou		nent		Form C-104 Revised 1-1-89 See Instructions	
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	OIL C	ONSERV P.O.	ATION Box 2088	DIVISIO	DN		at Bottom of Page	
DISTRICT III		nta Fe, New I		504-2088				
1000 Rio Brazos Rd., Aziec, NM 8741(I.	REQUEST FC	OR ALLOWA						
Operator				AT UNAL (S		API No.		
Devon Energy Co	prporation				3	0025205	91	
20 N. Broadway Reason(s) for Filing (Check proper box)	<u>Suite 1500</u>	OKC, OF		2-8260 her (Please exp	lain)		<u> </u>	
New Well		Transporter of:						
Change in Operator		Dry Gas	ł	Change	of Oil	Transp	orter	
f change of operator give name ad address of previous operator								
I. DESCRIPTION OF WELL	L AND LEASE				<u></u>		······································	
Lesse Name State "L"		Pool Name, Inclu	-			of Lease	Lease No.	
Location	6	Oil Cer	iter BL	inebry	State	Federal or Fee		
Unit LetterE	: <u>1650</u>	Feet From The \underline{N}	lorth Lin	e and	<u>330 </u> F	eet From The _	WestLin	
Section]] Towns	nip 21S I	Range 36	, N	MPM,		Lea	a County	
I. DESIGNATION OF TRAI	NSPORTER OF OII	L AND NATL	JRAL GAS					
ame of Authorized Transporter of Oil	or Condens		Address (Gin				rm is to be sent)	
EOTT OIL PIPELINE ame of Authonized Transporter of Casin		or Dry Gas	P.O. H	BOX 466	HOBI	<u>BS, NM</u>	77210-466 6	
SPM GAS CORPORATIO	DN		4001 P	ENBROOK	<u>ODES</u>	ed copy of this form is to be sent) SSA, TX 79762		
well produces oil or liquids, e location of tanks.		Wp. Rge. 215 36E	-	gas actually connected? When ? Yes				
his production is commingled with that COMPLETION DATA				ber.				
t	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v Diff Res'v	
Designate Type of Completion	- (X) Date Compl. Ready to P		Total Depth	I		Ļİ		
						P.B.T.D.		
evations (DF, RKB, RT, GR, etc.)	Name of Producing Form	nation	Top Oil/Gas 1	ray		Tubing Depth		
rforations			1			Depth Casing	Shoe	
		ASING AND			2	SACKS CEMENT		
HOLE SIZE		NG SIZE		DEPTH SET				
		······						
TEST DATA AND REQUES			·					
LWELL (Test must be after r. te First New Oil Run To Tank	ecovery of total volume of I Date of Test	load oil and must	be equal to or Producing Me	exceed top allow thod (Flow, pur	wible for this nu, gas lift, et	depth or be for c.)	full 24 hours.)	
ngth of Test			Cooler Dourse			0.1.0		
	Tubing Pressure		Casing Pressure			Choke Size		
ual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF		
AS WELL tual Prod. Test - MCF/D	Length of Test		Bbls. Condens			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
			DUIS. COUCCIS	ew MMCF		Gravity of Con	densale	
ing Method (pilos, back pr.)	Tubing Pressure (Shut-in)		Casing Pressur	e (Shut-in)		Choke Size		
OPERATOR CERTIFICA			<u> </u>					
hereby certify that the rules and regula Division have been complied with and the	hat the information given a	bove		IL CON				
s true and complete to the best of my lo	nowledge and belief.		Date	Approved	DEC	08 1993		
ACC				DRIGINAL SI	CINED BY	P. KAUTZ		
Signature V.E. Wince, Jr.	405-552-460		By		UEOL			
Printed Nama 11-23-93 Contrac	ct Administ	itor	Title					
Date	Telephor							
	-		L					

comp le 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies Appropriate District Office	Energ	State v. Minerals and	of New Mexico I Natural Resources Depinent	Form C-104
DISTRICT I P.O. Box 1980, Hobbs, NM 88240				Revised 1-1-89 See Instructions at Bottom of Page
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	, OIL	P.0	VATION DIVISION O. Box 2088	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874			w Mexico 87504-2088	
I. Operator	TO T	FOR ALLO	WABLE AND AUTHORIZAT	ION
Devon Energy Corpora				Well API No. 3002520591
1500 Mid-America Toy	wer, 20 N. Br	oadway. Ok	laboma City or 72102	
Reason(s) for Filing (Check proper box New Well	~)	e in Transporter of	Other (Please explain)	
Recompletion Change in Operator	Oil Casioghead Gas	Dry Gas Condensate	Change in Ope:	rator Name Effective
f change of operator give name and address of previous operator Hor.	<u>ıdo Oil & Gas</u>	Co., P. 0	. Box 2208, Roswell, N	M 88202
U. DESCRIPTION OF WEL Lease Name		io. Pool Name, I	acluding Formation	Mina and
State L Location	6	Oil C	enter Blinebry	Kind of Lease Lease No. State, Federal or Fee
Unit LetterE		Feet From Th	e North Line and 330	Feet From The Vest
Section 11 Town	ship 21S	4	36E , NMPM,	Loc
II. DESIGNATION OF TRA	INSPORTER OF	OIL AND NA		County
Shell Pipeline Corpo	T or Con	densate	Address (Give address 10 which ap	proved copy of this form is to be sent)
2000 Of Authorized Transporter of Cas	ringhand Car	or Dry Gas	P. O. BOX 191(), Mic Address (Give address to which ap	proved copy of this form is to be sent)
Phillipo-66 Natural (well produces oil or liquids,	Unit Sec.	Orporation	4001 Penbrook, Odes	ssa, TX 79762
ve location of tanks.	E E I II	1210 1 20		When?
this production is commingled with the V. COMPLETION DATA	at noin any other lease	or pool, give comm	ningling order number:	
Designate Type of Completion	n - (X)	eil Gas Wel	II New Well Workover Dec	pen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	P.B.T.D.
levations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay	Tubing Depth
erforations				Depth Casing Shoe
	TUDDY			Depui Casing Snoe
HOLE SIZE		<u>J, CASING AN</u> TUBING SIZE	ND CEMENTING RECORD	
				SACKS CEMENT
······		· · · · · · · · · · · · · · · · · ·		
TEST DATA AND REQUE	ST FOR ALLOV	VABLE		
IL WELL (Test must be after ale First New Oil Run To Tank	Date of Test	e of load oil and m	nusi be equal to or exceed top al owable f	or this depth or be for full 24 hours.)
ength of Test			Producing Method (Fiow, pump, gas	lift, etc.)
ugui ol 1est	Tubing Pressure		Casing Pressure	Choke Size
				i i i i i i i i i i i i i i i i i i i
tual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MCF
AS WELL	Oil - Bbis.		Water - Bbls.	Gas- MCF
AS WELL	Oil - Bbis.		Water - Bbls. Bbls. Condensate/MMCF	Gas- MCF Gravity of Condensate
AS WELL		<u>ц-in)</u>		
AS WELL citual Prod. Test - MCF/D sting Method (pitot, back pr.)	Length of Test Tubing Pressure (Shu		Bbls. Condensate/MMCF	Gravity of Condensate
AS WELL ctual Prod. Test - MCF/D sting Method (pitot, back pr.) I. OPERATOR CERTIFIC I hereby certify that the rules and regul	Length of Test Tubing Pressure (Shu CATE OF COM	PLIANCE	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
SAS WELL citual Prod. Test - MCF/D sting Method (pitot, back pr.) I. OPERATOR CERTIFIC	Length of Test Tubing Pressure (Shu CATE OF COM lations of the Oil Conse	PLIANCE	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSEF	Gravity of Condensate Choke Size IVATION DIVISION
Division have been complied with and	Length of Test Tubing Pressure (Shu CATE OF COM lations of the Oil Conse	PLIANCE	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size
SAS WELL ctual Prod. Test - MCF/D sting Method (pitot, back pr.) I. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my Mundary M	Length of Test Tubing Pressure (Shu CATE OF COM lations of the Oil Conse that the information give prowledge and belief.	PLIANCE rvation ven above	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSEF Date Approved By	Cravity of Condensate Choke Size IVATION DIVISION JUL 0 9 '92
SAS WELL ctual Prod. Test - MCF/D sting Method (pitot, back pr.) I. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	Length of Test Tubing Pressure (Shu CATE OF COM lations of the Oil Conse that the information give prowledge and belief.	PLIANCE rvation ven above ons Manager Titte	Bbls. Condensate/MMCF Casing Pressure (Shut-in) OIL CONSEF Date Approved By	Gravity of Condensate Choke Size IVATION DIVISION

ONS: 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 Request for allowable for newly utiled of deepened wen must be accompanied by addition of definition of weight.
 All sections of this form must be filled out for allowable on new and recompleted weils.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.