

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10

5a. Indicate Type of Lease
State ☐ Fee ☐
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Evans Production Company	8. Farm or Lease Name Bullseye
3. Address of Operator 1109 El Alhambra Cir. N.W. Albuquerque, N.M. 87107	9. Well No. 5
4. Location of Well UNIT LETTER K 1650 FEET FROM THE South LINE AND 1650 FEET FROM West 18 TOWNSHIP 16N RANGE 9W NMPM.	10. Field and Pool, or WHdcat Marcelina-Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 7257 GL	12. County McKinley

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any pro-
work) SEE RULE 1103.

A previous operator, Fairfax Exploration, split the casing while trying to frac without drilling out the casing shoe and into the open hole. The split was repaired with 200 SX reg. plus 2% CaCl and .6% Halid 9 squeezed into the break. Cement was drilled out to the original T.D. of 1862. The casing was pressure tested to 1000 psi. Intend to complete this well by shooting the open hole with 2 shots Petrogel to break through the cement and then complete as a Dakota A well by putting on a pump and testing.

RECEIVED
JAN 21 1986
OIL CON. DIV.
DIST. 3

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Ed Evans TITLE Operator DATE 1-15-86

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE JAN 21 1986

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
APR 18 1989
OIL CONSERVATION DIV.
SANTA FE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator	
Devcon Operations Company, Inc and Olsen Energy Associates - Co-Operators	
Address	
1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate N/A

If change of ownership give name and address of previous owner: Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154-1399

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Bullseye	5	Marcelina/Dakota	State, Federal or Fee FEE	N/A
Location				
Unit Letter K : 1650' Feet From The South Line and 1650' Feet From The West				
Line of Section 18 Township 16 North Range 9 West, NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1103, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	N/A
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit K Sec. 18 Twp. 16N Rge. 9W	no N/A

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Eric H. Olsen
(Signature)
President
(Title)

(Date)

OIL CONSERVATION DIVISION
APPROVED APR 19 1989, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUBMITTER DISTRICT # 8

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.