

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 | |
| PROMOTION OFFICE | |

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

RECEIVED

APR 18 1989

OIL CONSERVATION DIV.
SANTA FE

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

RECEIVED

APR 19 1989

OIL CON. DIV.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Devcon Operations Company, Inc., and Olsen Energy Associates - Co-Operators **DIST. 3**

Address 1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834

Reason(s) for filing (Check proper box)

| | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | <input type="checkbox"/> Condensate |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |

Other (Please explain) 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 <u>Indidos</u> | Well No. <u>1</u> | Pool Name, including Formation <u>Marcelina/Dakota</u> | Kind of Lease State, Federal or Fee <u>FEE</u> | Lease No. <u>N/A</u> |
| Location Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>16 North</u> Range <u>9 West</u> , NMPM, <u>McKinley</u> 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"/> <u>Permian Corporation</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1103, Houston, Texas 77001</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>none</u> | Address (Give address to which approved copy of this form is to be sent) <u>N/A</u> |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit <u>H</u> Sec. <u>15</u> Twp. <u>16N</u> Rge. <u>9W</u> | <u>no</u> <u>N/A</u> |

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 _____

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.