

OIL CONSERVATION DIVISION

P. O. BOX 2086

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
SILF	
U.S.O.R.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator **James H. Evans**

Address **c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

**Effective 5/1/79**

If change of ownership give name and address of previous owner **Dallas McCasland, Box 763, Hobbs, New Mexico 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>J. H. Day</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Jalnat Y-SR</b>	Kind of Lease State, Federal or Inc <b>Fee</b>	Lease to
Location				
Unit Letter <b>L</b>	<b>1980</b>	Feet From The <b>South</b>	Line and <b>851</b>	Feet From The <b>West</b>
Line of Section <b>6</b>	Township <b>22S</b>	Range <b>36E</b>	N.M.P.M.	Lea <b>Lea</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Tex-New Mexico Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2528, Hobbs, New Mexico 88240</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> <b>SPM Gas Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Phillips Petroleum Company, Effective February 1, Newcastle, OK 74004</b>
If well produces oil or liquids, give location of tanks. <b>M 6 22S 36E</b>	Is gas actually connected? when <b>Yes 9/26/72</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

IV. COMPLETION DATA

Designate Type of Completion - (A)	Oil Well	Gas Well	New Well	Workover	Reopen	Flow Back	Same Well, Diff. D.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		FEET/D.		
Elevations (DE, REB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Taring Depth		
Perforations					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of some volume of lead oil and must be equal to or exceed test possible for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, etc. etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil- bbls.	Water- bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	bbls. Condensate/MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (blat-in)	Casing Pressure (blat-in)	Choke Size

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 above is true and complete to the best of my knowledge and belief.

ORIG. SIGNED BY: DONNA HOLLER  
(Signature)  
**Agent**  
4/3/79

OIL CONSERVATION DIVISION  
**APR 25 1979**, 19  
APPROVED  
BY: **Orig. Signed by Les Clements**  
TITLE: **Oil & Gas Insp.**

This form is to be filed in compliance with RULE 10.1. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the downhole tests taken on the well in accordance with RULE 10.1. All sections of this form must be filled out completely for all wells on new and recompleted wells. All necessary sections I, II, III, and VI for changes of operator, well recompletion, or transportation of other such change of conditions must be filed for each pool separately.

RECEIVED

APR 9 1979

OIL COMPANY OF AMERICA  
WASHINGTON, D. C.