

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

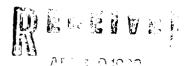
DISTRIBUTE	Он	
SANTA PE		
FILE		
U.8,a.8,		
LAND OFFICE		
TRAMSPORTER	OIL	
	GAB	
OPERATOR		
PROBATION OFFICE		

OIL CONSERVATION DIV.

Revised 10-01-78 Format 06-01-83 Page 1

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS ON COMMENT		
1. Operator	• P . · W J		
Devcon Operation≸ Company, Inc., and Ol	sen Energy Associates - Co-Operators		
1801 Broadway, Suite 600, Denver, Colora			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
	y Gas N/A		
	ondensate		
A change in Ownership			
If change of ownership give name Evans Production Comparant and address of previous owner	ny, P.O. Box 21399, Albuquerque, N.M. 87154-139		
II. DESCRIPTION OF WELL AND LEASE	ormation / Kind of Lease Lease No.		
Lease Name  Bullseye  Bullseye  Meli No. Pool Name, Including Fo	Dakota GAL. State, Federal or Fee FEE N/A		
Location			
Unit Letter P : 990' Feet From The South Line	e and 990' Feet From The East		
Line of Section 13 Township 16 North Range	10 West NAPA McKinley County		
Line of Section 13 Township 16 North Range	10 West , NMPM, McKinley County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL  Name of Authorized Transporter of Cit (X) or Condensate   Permaian Corporation  Name of Authorized Transporter of Casinghead Gas or Dry Gas	P.O. Box 1103, Houston, Texas 77001  Address (Give address to which approved copy of this form is to be sent)		
none	N/A		
If well produces oil or liquids, p 13 16N 10W	18 gas actually connected? When 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.	n		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
	APPROVED APR 1 9 1989		
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	Original Signed by FRANK T. CHAVEZ		
my knowledge and belief.	TITLE SUPERVISOR DISTRICT # 9		
	11168		
5 - 46-	This form is to be filed in compliance with RULE 1104.		
Sie Holsen (Signature) President	If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
resident (Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
(Date)	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.		