

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator EOG (New Mexico) Inc.	Well API No. 300390505600S1
Address 621 Seventeenth St., Suite 1800, Denver, CO 80293	
Reason(s) for Filing (Check proper box) New Well ☐ ☐ Other (Please explain) Recompletion ☐ Change in Transporter of: Change in Operator ☒ Oil ☐ Dry Gas ☐ Change of operator effective 8/1/93 Casinghead Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator Kerns Oil & Gas, Inc., 2600 N. Fernbrook Ln., #138, Plymouth, MN 55447	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Evans Federal	Well No. 1	Pool Name, including Formation Blanco P.C. South	Kind of Lease State, Federal or Fee Federal	Lease No. SF 080098
Location Unit Letter M : 990 Feet From The S Line and 990 Feet From The W Line Section 18 Township 23N Range 1W NMPM Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ N/A	Address (Give address to which approved copy of this form is to be sent) N/A	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks. N/A	Unit ☐ Sec. ☐ Twp. ☐ Rge. ☐	Is gas actually connected? ☐ When? ☐

If this production is commingled with that from any other leases or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing 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 total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	RECEIVED SEP 14 1993 OIL CON. DIV. DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

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

VI. OPERATOR 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.

Signature *Laura Zink*
Printed Name **Laura Zink** V/P - Administration Title _____
Date **SEP 14 1993** (303) 293-9999 Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved **SEP 14 1993**
By *Barry Chang*
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: 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 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.