Г	RECEIVED BY		
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	AUG 1 1 1986		Form C-104
DISTRIBUTION	O. C. D. ARTESHILDARENSERV.	ATION DIVISION	Revised 10:01-78 Format 06:01:83 Page 1
FILE 77		W MEXICO 87501	
IRANSPORTER OIL	ļ	R ALLOWABLE ND PORT OIL AND NATURAL GAS	
Cperdiat J. CLEO THOMPSON		······································	
4500 REPUBLIC BANK TO	WER		
Reason(s) for filing (Check proper box)   New Well   Recomplation   Change in Ownership		Other (Please explain) Change of lease nar Evans "A" #11	me only from
If change of ownership give name and address of previous owner	······································		
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation Kind of Lease Ayburg San Andres State, Federat or F	•• Federal <u>NM-02425</u>
	Feet From TheEastL		North
Line of Section 33 Towns	hip 16 Range	30 , ммрм,	Eddy County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil 😡 or Condensate 🗖 Navajo Refinery Company		Addiese (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas 💭 of Dry Gas 🗌 Phillips 66 Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004	
	Jnil Sec. Twp. Age.	is gas octually connected? , when	· · · · · · · · · · · · · · · · · · ·
If this production is commingled with NOTE: Complete Parts IV and V	•	, give commingling order numberr 🕀	fosted ID-3
VI. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION	8-70-86
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.		I APPROVED	, 19
11 1	1	TITLE <u>Supervisor District H</u>	
Signature) AGENT		If this is a request for sllowable well, this form must be accompanied tests taken on the well in accordance	for a newly drilled or deepened by a tabulation of the deviation
(Tille) July 28, 1986		All sections of this form must be able on new and recompleted wells.	
(Date)		Fill out only Sections I, II, III well name or number, or transporter, or	

Separate For completed wells. llply

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