

Memo:

From

CHARLIE PERRIN  
Field Representative

To #6

30-031-20514

7" 20 40' 116 Record

4 1/2 11.6 931' center 95 sy

perf 857-868

PTLK	C-150
SATAN Tongue & Maicos	180-358'
Hosta Sand	358-506
CREVASS Canyon	506-856
Los Pah	856-921

255'-Surface  
931'-781'

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

Evans Production Comcoany		<b>RECEIVED</b> JAN 16 1985 OIL CON. DIV DIST 2
Address 1109 El Alhambra Cir. N.W., Albuquerque, N.M. 87107		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Permian Slayton P.O. Box 2035 Roswell, N.M. 88201

DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 6	Pool Name, Including Formation Gallup-Gallup	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>K</u> ; <u>1654</u> Feet From The <u>South</u> Line and <u>1673</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>16N</u> Range <u>9W</u> , NMPM, <u>McKinley</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 202 Pet. Plaza Bldg., Farmington, N.M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>18</u> Twp. <u>16N</u> Rge. <u>9W</u> Is gas actually connected? <u>No</u> When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 12-15-75	Date Compl. Ready to Prod. 2-15-77	Total Depth 921	P.B.T.D. 913
Elevations (DF, RKB, RT, GR, etc.) 7253 GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 857	Tubing Depth 866
Perforations 857-868 - - 4 shots/ft	Depth Casing Shoe 913		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8 5/8	7"	60'	cement of surface
6 1/4	4 1/2"	913'	95 sx
	2 3/8"	866'	--

TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 2-15-77	Date of Test 2-15-77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 10 psi	Casing Pressure -0-	Choke Size -0-
Actual Prod. During Test 2.2 BOPD	Oil-Bbls. 2.1 BOPD	Water-Bbls. .1 BOPD	Gas-MCF None

GAS WELL

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

CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sid Evans  
(Signature)  
Operator  
(Title)  
10-1-84  
(Date)

130-85 OIL CONSERVATION COMMISSION  
JAN 30 1985

APPROVED Frank J. Davey, 19  
BY Supervisor  
TITLE SUPERVISOR DISTRICT # 3

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.

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>NERDLIHC COMPANY, INC.</b>	Well API No.
Address <b>337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>BULLSEYE</b>	Well No. <b>6</b>	Pool Name, Including Formation <b>WC GAL.</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>K</b> : <b>1654</b> Feet From The <b>S</b> Line and <b>1673</b> Feet From The <b>W</b> Line Section <b>18</b> Township <b>16N</b> Range <b>9W</b> , <b>NMPM</b> , <b>McKINLEY</b> 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"/> <b>PERMIAN CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 1183, HOUSTON, TX 77001</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>NONE</b>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>18</b>
	Twp. <b>16N</b>	Rge. <b>9W</b>
	Is gas actually connected? <b>NO</b>	When ?

If this production is commingled with that from any other lease 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Water - Bbls.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

RECEIVED  
JUN 14 1990

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Grain Condensate
Testing Method (pilot, 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.

NERDLIHC COMPANY, INC.

By:

Signature

**TOM E. KNOWLTON**

PRESIDENT

Printed Name

Date

6/15/90

(213) 422-1271

Telephone No.

OIL CONSERVATION DIVISION

JUN 22 1990

Date Approved

By

**Brian D. Chung**

SUPERVISOR DISTRICT #3

Title

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.

**RESERVE**  
JUN 1 1950  
OFF CON. DIV.  
DET. 3