

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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APR 18 1989

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
SANTA FE

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OIL CON. I

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Devcon Operations Company, Inc., and Olsen Energy Associates, - Co-Operators	
Address 1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate N/A

If change of ownership give name and address of previous owner Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154-1399

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 8	Pool Name, including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee	FEE	Lease No. N/A
Location Unit Letter D : 330' Feet From The North Line and 990' Feet From The West Line of Section 19 Township 16 North Range 9 West, NMPM, McKinley 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1103, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	Address (Give address to which approved copy of this form is to be sent) N/A
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit D Sec. 19 Twp. 16N Rge. 9W	no N/A

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Eric H. Olsen
(Signature)
President
(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 19 1989, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT 1

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.