

TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

Operator: **James L Evans**

Address: **P.O. Box 1125 Eunice, N.M. 88231**

Reason(s) for filing (Check proper box):
 New Well: Change in Transporter of:
 Recompletion: Oil: Dry Gas:
 Change in Ownership: Casinghead Gas: Condensate:

Other (Please explain):

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Steeler A	Well No. 4	Pool Name, including Formation Langlie Mattix - Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M ; 330 Feet From The south Line and 990 Feet From The west				
Line of Section 20 Township 23S Range 37E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas N.M. Pipe Line	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, N.M. 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Jal, N.M.			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 20	Twp. 23S	Rge. 37E
Is gas actually connected? Yes				When 1957

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 12/6/82	Date Compl. Ready to Prod. 12/15/82		Total Depth 3680		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3312.8 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3512		Tubing Depth 3500			
Perforations 3512-16, 3528-40, 3592-3608, 3614-18, 3626-32					Depth Casing Shoe 3680			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8	352	200
7/78	5 1/2	3680	850
	2 3/8	3500	

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)

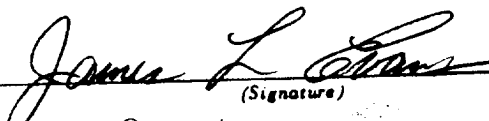
Date First New Oil Run To Tanks 12/15/82	Date of Test 1/8/83	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 11 Hrs.	Tubing Pressure 350	Casing Pressure 650	Choke Size 20/64
Actual Prod. During Test 90	Oil - Bbls. 90	Water - Bbls. 0	Gas - MCF 99

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

I. CERTIFICATE OF COMPLIANCE

I 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.


 Operator
 1/10/83
 (Date)

OIL CONSERVATION COMMISSION
JAN 13 1983

APPROVED _____, 19____
 BY **JERRY SEXTON**
 TITLE **DISTRICT 1 SUPR.**

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.