HO. OF COPIES RECEIVED		****	
DISTRIBUTION			
SANTA FE		CONSERVATION COMMILSION	Form C-104
FILE		FOR ALLOWABLE	Supersedes Old C-104 and C-116 Elfective 1-1-65
U.S.G.S.		AND	
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (GAS
OIL	 		
TRANSPORTER GAS			
OPERATOR			
Operator			
James Evar	n c		
Address	15		
P.O. Box 1	125 Eunice, NM 8823	1	
Reason(s) for filing (Check proper		Other (Please explain)	
New We!!	Change in Transporter of:		
Recompletion	CII A Dry C		
Change in Ownership	Casinghead Gas Cond	ensate	
The state of a second to sing or a second			
If change of ownership give name and address of previous owner	•		
and address of provious owner.			
I. DESCRIPTION OF WELL AN	D LEASE		
Lease Name	Well No. Pool Name, Including	Formation Kind of Lease	Lease No.
State A	1 Eumont, Q	ueen State, Federa	or Fee State E-1083
Location			State J 1000
	30 West	. 1650	South
Unit Letter L; 3	30 Feet From The West L	ne and 1650 Feet From	The South
	0.00	0.077	
Line of Section 27	Township 20S Range	36E , NMPM, Le	a County
	RTER OF OIL AND NATURAL G		
Name of Authorized Transporter of		Address (Give address to which approx	ved copy of this form is to be sent)
Koch Oil Compa	ny of Texas, Inc. Casinghead Gas or Dry Gas	Box 1558 Brecke	enridge, TX 76024
Name of Authorized Transporter of	Casinghead Gas 🔲 or Dry Gas 🗔	Address (Give address to which appro-	ved copy of this form is to be sent)
Phillips Pet. Co		Barllesville, OK	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en
give location of tanks.	L 27 20S 36	E Yes	
If this production is commingled	with that from any other lease or pool		
If this production is commingled			Plug Back Same Res'v. Diff. Res'v.
<u> </u>	with that from any other lease or pool	give commingling order number:	Plug Back Same Res'v. Diff. Res'v.
If this production is commingled V. COMPLETION DATA Designate Type of Comple	with that from any other lease or pool tion - (X) Oil Well Gas Well	New Well Workover Deepen	
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool	give commingling order number:	Plug Back Same Res'v. Diff. Res'v. P.B.T.D.
If this production is commingled V. COMPLETION DATA Designate Type of Comple Date Spudded	tion - (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.
If this production is commingled V. COMPLETION DATA Designate Type of Comple	tion - (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen	
If this production is commingled V. COMPLETION DATA Designate Type of Comple Date Spudded Elevations (DF, RKB, RT, GR, etc.	tion - (X) Oil Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D. Tubing Depth
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If this production is commingled V. COMPLETION DATA Designate Type of Comple Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE 7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Teet GAS WELL Actual Frod. Test-MCF/D	with that from any other lease or pool tion — (X) Oil Well Gas Well Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this d Date of Test Tubing Pressure Oil-Bbls.	New Well Workover Deepen Total Depth Top Oil/Gas Pay DEPTH SET Differ recovery of total volume of load oil cepth or be for full 24 hours) Producing Method (Flow, pump, gas lift Casing Pressure Water-Bbls. Bbls. Condensate/MMCF	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT and must be equal to or exceed top allow- (f, etc.) Choke Size Gas-MCF
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Operator

March 16, 1984

(Title)

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.

 $\mathcal{C}(B^0) = \bigcup_{i \in \mathcal{I}} a_i = \{i, \dots, i\}$

MAR 19 1984