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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

DISTRICT II P.O. Drawer DD, Astesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

L.			-			TURAL G					
Operator	OIL	AND NA	I UNAL G		API No.						
James N. Evans					with the state of the state of						
Address								*1,	<del> ,</del>	<del></del>	
c/o Oil Reports &	Gas Serv	vices,	Inc., P	.0.				xico 882	41-0755		
Reason(s) for Filing (Check proper box New Well	x)	<b>A</b>	T		Oth	et (Please expl	ain)				
Recompletion	Oil		Transporter of Dry Gas	#: □	1	Effective	2/10/	0.0			
Change in Operator	Casinghea		Condensate		1	PLIECCIA	2/10/	72			
If change of operator give name				<u> </u>	<del></del>			·			
and address of previous operator			<del></del>								
IL DESCRIPTION OF WEL	L AND LE	ASE								,	
Lease Name		Well No. Pool Name, Inclu								ease No.	
A.B. Reeves	·	2 Eunice Mo			nument 366			Percent of Fe			
Location											
Unit Letter K	:23	10	Feet From Th	he <u>S</u>	outh Lin	and16	50 F	eet From The	West	Line	
Section 29 Town	uship 20S		Range 371	E	ND.	мРм, Lea	<b>.</b>				
1000	<u> </u>		Kange 577		, i\	MPM, Dec		<del></del>		County	
III. DESIGNATION OF TRA	ANSPORTE	R OF OI	L AND NA	ATU	RAL GAS						
Name of Authorized Transporter of Oi	ı XX	or Condens			Address (Gin	e address to wi				eni)	
Sun Refining & Manufacturing					P.O. Box 2039, Tulsa, OK 74102  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Ca	-	M <del>(S</del> PM	or Dry Gas [ Gコネーライ		Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be s	ent)	
Phillips 66 Natural If well produces oil or liquids,	Unit				In one actually	and nook ?	etodesisa	TN997.8762			
give location of tanks.	F	29	· · · · ·	37E	is gas actually Yes	connected?	When	1.1			
If this production is commingled with the	<del></del>					er:		5/4/6	<u>/</u>		
IV. COMPLETION DATA	•	•	, 6		•	-		••		·	
Designate Type of Completic	~ (Y)	Oil Well	Gas W	eli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to			Total Doub		L	Ļ			
Date showing	Date Com	pi. Keady to	riod		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing For	mation		Top O:1/Gas F	Pay		Tubing Dept		<del></del>	
						·		rubing Dept			
Perforations	······································							Depth Casing Shoe			
						- · · · · · · · · · · · · · · · · · · ·	·				
LIOUE DIZE	TUBING, CASING AN HOLE SIZE CASING & TURING SIZE						<u> </u>	<del>,</del>			
HOLE SIZE	UA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·		<del></del>						-			
							•				
V. TEST DATA AND REQU											
OIL WELL (Test must be after Date First New Oil Run To Tank			load oil and						or full 24 hou	rs.)	
Date First New Oil Kills 10 1388	First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pres	SOITE	<del></del>		Casing Pressur	ne.		Choke Size			
	1.55.11.5										
Actual Prod. During Test	Oil - Bbis.	•			Water - Bbis.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of 1	Cest		- [	Bols, Condens	ate/MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
				,							
VL OPERATOR CERTIFI				ŀ		IL CON	CEDV	ATIONI F		NA I	
I hereby certify that the rules and reg Division have been complied with ar						IL CON	SERVA	ATION L	אפועונ	ЛΝ	
is true and complete to the best of m	y knowledge an	nanon given d belief.	<b>EDUYC</b>					F			
. 4					Date	Approved	j	<del></del>			
- Henry Della	<u> </u>										
Signature		*		-	By			<del></del>			
Donna Holler Printed Name	<del>-,</del>	Agent	itle	-							
2/17/92		-	.iue 3 <u>93</u> –2727	, II	Title_						
Date	**		ione No.	<del>'-</del>							

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.