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Appropriate District Office
DISTRICT |
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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

4.		IOTH	ANSP	<u>OHI U</u>	IL AND N	AT UHAL C	iAS				
Operator James L. Evans							I I	I API No.			
Address	-						3	0-045-	0-025-03387		
P.O. Box 1029	Eunice	e, NM	882	31				•			
Reason(s) for Filing (Check proper	bax)				☐ O:	her (Please exp	dain)				
New Well Recompletion	Oil	Change in	n Transpo Dry Ge								
Change in Operator		ead Gas	Conder	_							
If change of operator give name	Canaga		COBOBE								
and address of previous operator			 -						 -	-	
II. DESCRIPTION OF WE	LL AND L										
Gulf State		Well No.			ding Formation		Kine	of Lease t		Lease No.	
Location		3	Yaı	tes S	even Ri	vers Q	leen sur	, Pederal or P	ee B-	-244	
Unit Letter T	. 1	980	Es es Es	S S	outh Lie	me and60	60 ,		West	-	
Olik Detai			. rea m	our the ==	<u> </u>	e and	<u> </u>	Seet From The	Mesi	Lin	
Section 1 Tow	vouhip 2	18	Range	35	E , N	мрм,	Le	a		County	
II. DESIGNATION OF TR	ANCDADT	ED OF O	71 A NIV	D. B.I.A. TEVE	IDAL GAS						
Name of Authorized Transporter of C	XI X	FOYCPODE	UNIC	NAIL	Address (Gi	e address to w	hich approve	d come of this	form is to be a		
EOTT Pipeline	Co.	E OTP E	iergy H	eline	P.O. B	ox 4666	Hous	ton T	ит в ю вез Г 7791	ω, Ω-1661	
Name of Authorized Transporter of C	asinghead Gas		Ctive 4		Address (Giv	e address to w	hich approve	copy of this	form is to be s	M 4001	
f well produces oil or liquids.	I I Inia	6	·								
ve location of tanks.	i ome	Unit Sec. Twp. Rgs. Is gas actually connected?			Whe	When ?					
this production is commingled with	that from any or	her lease or	pool, give	comming	ling order numl	ber:					
V. COMPLETION DATA						 -				 -	
Designate Type of Completi	ion - (X)	Oil Well	G	ss Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ste Spudded	` '	pl. Ready to	Prod.	· ·	Total Depth			10000	L		
		Jan Campa Mary 20 Flor						P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas I	-ay	-	Tubing Depth Depth Casing Shoe			
forntions					<u> </u>						
								Depth Casin	g Shoe		
		TUBING, O	CASIN	G AND	CEMENTIN	IG RECOR	D	<u> </u>			
HOLE SIZE		SING & TU				DEPTH SET		5	SACKS CEMENT		
							 -				
TEST DATA AND REQU	EST FOR A	LLOWA	BLE					L	····		
L WELL (Test must be after			load oil	and must i	be equal to or e	exceed top allo	vable for this	depth or be fo	or full 24 hour.	s.)	
ite First New Oil Run To Tank	Date of Te	4			Producing Met	hod (Flow, pun	r.p., gas lift, e	ic.)			
ngth of Test	Tubing Pre	saure			Casing Pressur		 _	Choke Size			
				Ì		-		Gas- MCF			
casal Prod. During Test	Oil - Bbls.				Water - Bbls.						
	L		···	l			· · · · · · · · · · · · · · · · · · ·				
AS WELL											
tual Prod. Test - MCF/D	Length of	lest.			Bols. Condense	ne/MMCF		Gravity of Co	ondensate	· ·	
ting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure	(Shut-in)		Choke Size			
	, a soring a researce (minus-my					. (
OPERATOR CERTIFI	CATE OF	COMPI	IANC	E					······································		
I hereby certify that the rules and reg	rulations of the (Dil Conservat	lion	_	0	IL CONS	SERVA	TION [DIVISIO	N	
Division have been complied with an a true and complete to the best of m	d that the inform	nation given	above				AL,	1 1 0 19	94		
a not and combitee to the pear of th	y KDOWIEdge an	u Dellef.			Date A	Approved		. T A 19	JT		
Aller E	101800			[]		• •					
Signature					Ву	ORIGIN	IAL SIGN	D BY JERI	RY SEXTON	1	
James L. Evans Operator					DISTRICT I SUPERVISOR						
rinted Name 1/6/94		(505)3	ille 394–3	3748	Title_						
Date			one No.								

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.

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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.			TOTE	ANSF	OHTO	L AND NA	TURAL G					
Operator James L.	Evanc					l.	API No. 0-025-03387 —					
Address	Пуано				·				0-023-0	J3367 C		
P.O. Box		unice,	NM	882	31							
Reason(s) for Filing (Ch.	tck proper box)			_		Ox	her (Please exp	lain)				
New Well Recompletion		Oil	Change i	Dry G								
Change in Operator		Casinghea	_	Conde	_							
If change of operator give												
and address of previous o	•										····	
II. DESCRIPTION	OF WELL	AND LEA		T=								
Lease Name Gulf Stat	- A		Well No.			ling Formation	Eumont vers Qu		of LeaseSta , Federal or Fe	1	ease No.	
Location				ı ı a	ites b	even ki	vers Qu	тееф	,	В-	244	
Unit Letter	<u>T</u>	_ :19	80	_ Foot F	from The $\frac{S_0}{2}$	outh Lie	e and66	60 F	Feet From The West Li			
Section	1 Townshi	ip 21	S	Range	35	E , N	мрм,	Le	<u>a</u>	 _	County	
III. DESIGNATIO					ID NATU				<u> </u>			
Name of Authorized Tras <u>EOTT Pipe</u>	-	X	or Conde	nanie			e address to w		•		•	
Name of Authorized Trans				or Dry	Gas		ox 4666 a address to wh				0-4666 _M)	
If well produces oil or liq pive location of tanks.	uids,	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	When ?			
this production is comm	ingled with that	from any other	er lease or	pool, gi	ve comming	ling order num	ber:	······································				
Designate Type of		- (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	<u> </u>	l	P.B.T.D.				
Elevations (DF, RKB, RT,	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Pay		Tubing Depth			
Perforations						<u> </u>			Depth Casing Shoe			
	- · · · · · · · · · · · · · · · · · · ·	T	IBING	CASII	NG AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZ	CASING & TUBING SIZE					DEPTH SET		5	SACKS CEME	NT		
										 		
												
. TEST DATA AN	D REQUES	T FOR A	LLOWA	BLE		L			L			
OIL WELL (Test Oute First New Oil Run Te	i musi be after re o Tank	Date of Test		of load a	oil and must		exceed top allo thod (Flow, pur			or full 24 hour.	г.)	
ength of Test		Tubing Press	Rure			Casing Pressu	æ		Choke Size			
Actual Prod. During Test		Oil - Bbls.				Water - Bbis.			Gas- MCF			
							· · · · · · · · ·					
GAS WELL Actual Prod. Test - MCF/I	<u></u>	Length of Te				Bbls, Condens	nto AVAVICE		Gravity of C		 -	
comprise rose - MC1/1	•	Leagur or 14	201			DOIS. COBUES	MESTATIATET.		Gravity of C	ORIGERAME		
sting Method (pitot, back	pr.) Tubing Pressure (Shut-in)					Casing Pressu	re (Shut-in)		Choke Size			
I. OPERATOR (CERTIFICA	ATE OF	COMP	LIAN	CE	_		0 ==:::				
I hereby certify that the	rules and regula	tions of the O	il Conserv	ation			IL CON		=		N	
Division have been con is true and complete to				above a					N 1 0 19	194		
			J-1101.			Date	Approved	j				
Signature	- 6.0	A.			<u> </u>	By	ORIGI	NAL SIGN	ED BY JER	RY SEXTO	1	
Printed Name	Evans			per: Tille	ator	Title		DISTRICT	I SUPERV	ISOR		
1/6/94 Date		· · · · · · · · · · · · · · · · · · ·		394-	<u>-374</u> 8	1100						

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