

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
James L. Evans
Address
P.O. Box 2053, So. Padre Is., TX. 78597
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
Resler & Sheldon, Box 2369, So. Padre Is., TX. 78597

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Phillips A State
Well No. Pool Name, including Portwater
1 San Simon Yates North
Kind of Lease
State, Federal or Free State
Lease No.
E 1921
Location
Unit Letter P 660 Feet From The South Line and 660 Feet From The East
Line of Section 29 Township 21 S Range 35 E N.M.P.M. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate
The Permian Corp. Permian (Eff. 9/1/87)
Address (Give address to which approved copy of this form is to be sent)
Box 3119, Midland, Tx. 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Co.
Bartlesville, OK.
If well produces oil or liquids, give location of tanks.
Unit Sect. Twp. Rge. Is gas actually transported? When.
P 29 21 S 35 E Yes

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

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Bank Same Rest'y Diff. Rest'y
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RNB, RT, GR, etc.) Name of Producing Formation Top Oil Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. 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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

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

VI. 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
Sept. 5, 1977
OIL CONSERVATION COMMISSION
APPROVED
BY
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.