

166-5
(1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons. Division

Box 1980
NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-39160
2. Name of Operator CHARLES N. EVANS	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. c/o OIL REPORTS & GAS SERVICES, INC., P. O. BOX 755, HOBBS, NEW MEXICO 88241	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FNL & 1650' FEL, SECTION 1, T23S, R35E	8. Well Name and No. DANCIGER #1
	9. API Well No. 30-025-27989
	10. Field and Pool, or Exploratory Area JALMAT T-Y-SR
	11. County or Parish, State LEA, NM

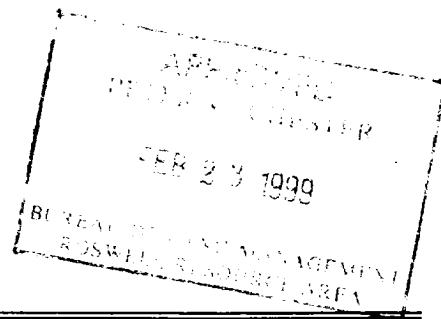
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Permission to Vent
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Request permission to vent approximately 20 MCFPD for an indefinite period of time or until gas volumes change



14. I hereby certify that the foregoing is true and correct

Signed Bye Heard Title AGENT Date 02/01/99

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

CU

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Charles N. Evans

Address
c/o Oil Reports & Gas Service, Inc., P.O. Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
Effective 2/1/90

If change of ownership give name and address of previous owner L & C Production company, P.O. Box 755, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name Danciger Well No. 1 Pool Name, Including Formation Jalmat Yates Seven Rivers Kind of Lease ~~State~~ Federal or ~~State~~ Federal Lease No. Above

Location
Unit Letter B : 330 Feet From The North Line and 1650 Feet From The East
Line of Section 1 Township 23S Range 35E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183, Houston, TX 77001

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None - Volume too small for economical sale Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit B Sec. 1 Twp. 23S Rge. 35E Is gas actually connected? No When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

W. L. ...
(Signature)

Agent
(Title)

2/14/90
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 15 1990, 19
BY *Paul Kautz*
TITLE Geologist

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