Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

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

## OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	<b>87410</b>					Mexico 8							
ī.	RE	QUES'	TFO	RALL	OW.	ABLE AN	D AUT	ГНОІ	RIZATI	ON			
Operator		10	HAN	SPOF	<u> </u>	DIL AND N	NATUF	RAL (	GAS				
James L. Evans										Well API No. 30-025-22536			
P.O. Box 1029	Eunice	, NM	ΩQ	231						00 020	44036		
Reason(s) for Filing (Check prope	r box)	,	- 00	231			Out of the						
New Well		Chang	e ia Tr	neporter	of:	<u> </u>	Other (Pla	ase ex	plain)				
Recompletion	Oil		Δ D <sub>r</sub>	y Gas									
Change in Operator	Casingl	head Gas		ndes sale									
If change of operator give name and address of previous operator							<del>-                                    </del>					-	
II. DESCRIPTION OF W	ELL AND L												
Fanning		Well N		Neme,	lactur	ding Formation Blinebr		3/1/	97 K	ind of Lease	Fee	Lease No.	
Location				Po	add	ock	<u>y K</u> -	107	16	ind of Lease ste, Pederal or	Pee		
Unit Letter H	:_16	550	Feet			orth L	== and	<u>330</u>		. Feet From Th	. Eas	:+	
Section 33 To	waship 23	S	Rang	<b>r</b> e	37	E .	ІМРМ.					Lin	
III. DESIGNATION OF T	R A NSPODTI	ED OF						·		Lea		County	
Name of Authorized Transporter of EOTT Pipeline	Oil FORTE	or Cond	OIL A	ND N	ATU	RAL GAS							
<b>EOTT</b> Pipeline	EOTH EL	EULI Energy Pipeline				Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666 Houston, TX 77210-466						t seni)	
Name of Authorized Treasporter of	Casinghead 540	Ctive 4	1-94	- Che C		<u> </u>	DUX 4	100	o HOu	ston 7	PY 779	10 4000	
	<b>5</b>	٠		y Out [		Address (Giv	m address	to wh	ich approv	ed copy of this	form is to be	sent)	
If well produces oil or liquide, give location of tanks.	Unit	Sec.	Twp.	1	Rge.								
			<u>.</u>	i i		14/106				<b>a</b> 7			
If this production is commingled with IV. COMPLETION DATA	that from any oth	er lease or	pool, g	ive com	ningli	ng order numi	ber:						
TOWN ENTINE DATA		-,					-						
Designate Type of Complete	ion - (X)	Oil Wel	· [	Gas We	11	New Well	Workov	er	Deepen	Plug Back	Same Res'v	Dig Di	
Date Spudded	Date Comp	I. Ready 14	Prod.			Total Depth			•		I STATE VET A	Diff Res'v	
	'	, ,	- 1104		- 1	rous Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Ges Pay							
Perforations										Tubing Dept	I using Depth		
										Depth Casin	g Shoe		
	Tt	JBING,	CASII	NG AN	ID C	EMENTIN	G REC	ORD					
HOLE SIZE	HOLE SIZE CASING & TUBING					DEPTH SET				21010			
	<del></del>									SACKS CEMENT			
					_ _								
V Concerns		<u> </u>				<del></del>							
V. TEST DATA AND REQUI	EST FOR AL	LOWA	BLE										
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total	volume of	load of	il and mu	us be	equal to or ex	ceed top a	lowa	de for this	depth or be for	r full 24 hona	·• 1	
	Date of 168				Pro	oducing Metho	od (Flow,	рипф,	gas lift, et	c.)	· · · · · · · · · · · · · · · · · · ·		
Length of Test	Tubing Pressu	re			Ca	sing Pressure				Choke Size			
Actual Prod. During Test													
	Oil - Bbls.	•			Wa	Water - Bbis.				Gas- MCF			
GAS WELL				<del></del>	<u> </u>	<del></del>							
Actual Prod. Test - MCF/D	Length of Test	•			Вы	a. Condennie	MMCF		······································	C			
esting Method (pitot, back pr.)	Tubino Berry									Oravity of Coa	ravity of Condensate		
					Cas	ng Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFIC	ATE OF CO	OMPI I	ANIC	'E	╢		<del></del>						
i nereby certify that the rules and regul	ations of the Oil (	Camaa		.E	11	Oll	CON	USE	BVA:	TION DI	VICIO		
PART WITH THE PART COMPUTERS WITH BUY	that the information		bove		Ш						V12101	V	
is true and complete to the best of my i	mowledge and be	lief.			11	Date Ap		. د	IAN 1	U 100F			
Cam. Z						Date Ap	prove	a _	., 1	U IJJT			
Signature	12772					Ву							
James L. Evans Operator						ORIGINAL SIGNED BY JERRY SEXTON							
Printed Name 1/4/94	Title Title					DISTRICT I SUBSERVISOR							
1/4/94 Date	(505)	<u>394-3</u>	<u> 3748</u>			Title							
		Telephon	e No.	1									

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
- 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.