

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0137  
Expires August 31, 1985

RECEIVED  
OCT 27 1993

WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

1a. TYPE OF WELL: OIL WELL  GAS WELL  DRY  Other

1b. TYPE OF COMPLETION: NEW WELL  WORK OVER  DEEPEN  PLUG BACK  DIFF. REVR.  Other

2. NAME OF OPERATOR  
Evergreen Operating Corporation

3. ADDRESS OF OPERATOR  
c/o A. R. Kendrick, Box 516, Aztec, NM 87410

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface 945' FNL 1145' FEL  
At top prod. interval reported below  
At total depth

5. LEASE DESIGNATION AND SERIAL NO.  
NM-23045

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Schalk 33

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Basin Fruitland Coal

11. SEC. T., R., M., OR BLOCK AND SURVEY OR AREA  
A-33-31N-4W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

14. PERMIT NO. 30-039-25092 DATE ISSUED

15. DATE SPUDDED 8-5-93 18. DATE T.D. REACHED 8-9-93 17. DATE COMPL. (Ready to prod.) 9/13/93 19. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* 6940' GR, 6952' K.B. 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 3694' 21. PLUG BACK T.D., MD & TVD 3662' 22. IF MULTIPLE COMPL. HOW MANY\* 23. INTERVALS DRILLED BY 0-3694' ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
Fruitland Coal: 3503-07, 3521-24, 3533-39, 3546-57, 3560-68 96 - 0.5" holes

25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN  
Coal Log, Dual porosity - Gamma Ray - Caliper - Micro Log

27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	357'	12-1/4"	266 Cuft (225 Sx) Circulated	
5-1/2"	15.5#	3693'	7-7/8"	1st Stage: 164 Cuft (135 Sx) Circulated 2nd Stage: 1298 Ft <sup>3</sup> (744 Sx) Circulated	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	3539'	

30. TUBING RECORD  
1 1/2" 4 7/8" 5"

31. PERFORATION RECORD (Interval, size and number)  
3503-07, 3521-24, 3533-39, 3546-57, 3560-68'  
96 holes @ 3spf.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3503-3568'	Frac w/88,510 agllons 35# gel w/23,000# 40/70 & 180,800# 20/40 Sand.

33.\* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
9/9/93	Flow	shut-in

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9/13/93	24	1"			1500		

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
SI 200	SI 600					

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED *[Signature]* TITLE Agent DIST 2 DATE OCT 27 1993

(See Instructions and Spaces for Additional Data on Reverse Side)

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.

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ACCEPTED FOR...

FARMINGTON DISTRICT OFFICE

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	38. GEOLOGIC MARKERS	
				NAME	MEAS. DEPTH
					TOP
					TRUE VERT. DEPTH
				Ojo Alamo	2927'
				Kirtland	3075'
				Fruitland	3350'
				Basal Fruitland	3546'
				Coal	
				Pictured Cliffs	3569'



**LTR**



**Job separation sheet**

Submit 5 Copies  
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

**OIL CONSERVATION DIVISION**

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator Evergreen Operating Corporation	Well API No. 30-039-25092 25258
Address c/o A. R. Kendrick, Box 516, Aztec, NM 87410	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Schalk 33 / 13621	Well No. 2	Pool Name, including Formation Basin Fruitland Coal 7/629	Kind of Lease <del>State</del> Federal or <del>State</del>	Lease No. NM-23045
Location Unit Letter <u>A</u> : <u>945</u> Feet From The <u>North</u> Line and <u>1145</u> Feet From The <u>East</u> Line Section <u>33</u> Township <u>31 N</u> Range <u>4 W</u> , NMPM, <u>Rio Arriba</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Water Pool # 2805487</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Associated Natural Gas, Inc. 2805486</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 5493, Denver, CO 80217, Attn: Mr. Knipp</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					No	

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/5/93	Date Compl. Ready to Prod. 9/13/93		Total Depth 3694		P.B.T.D. 3662			
Elevations (DF, RKB, RT, GR, etc.) 6940' GR 6952 KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3503		Tubing Depth 3539			
Perforations 3503-07, 3521-24, 3533-39, 3546-57, 3560-68' 96 - 0.5" holes					Depth Casing Shoe 3693			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		357		266 Ft <sup>3</sup> Circulated			
7-7/8	5-1/2		3693		1462 Ft <sup>3</sup> Circulated			
	2-7/8		3539					

**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 Tank	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 1500	Length of Test 24 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 200	Casing Pressure (Shut-in) 600	Choke Size 1"

**VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

A. R. Kendrick  
Signature  
A. R. Kendrick Agent  
Printed Name  
10/27/93 Date  
334-2555 Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved OCT 29 1993

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

**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.