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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 <i>(operator is Meridian Oil Inc)</i>		Well API No. 30-039- 24936
Address c/o A. R. Kendrick, Box 516, Aztec NM 87410		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input 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 Rosa Unit <i>7440</i>	Well No. 313	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease XXX Federal XXX	Lease No. SF-078894
Location Unit Letter <i>M</i> : <i>960</i> Feet From The <i>South</i> Line and <i>1065</i> Feet From The <i>West</i> Line Section <i>29</i> Township <i>31 N</i> Range <i>4 W</i> , NMPM, <i>Rio Arriba</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <i>Water' Power 2810179</i>	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"/> <i>Associated Natural Gas Incorporated 2810178</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 5493, Denver, CO 80217, Attn: Mr. Knipp</i>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? No	When? <i>8-9-93 Connected</i>

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 Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 10-21-91	Date Compl. Ready to Prod. 9-23-92		Total Depth 3517			P.B.T.D. 3478		
Elevations (DF, RKB, RT, GR, etc.) 6575 GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3390			Tubing Depth 3391		
Perforations 3390-3402'						Depth Casing Shoe 3505		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	341 <i>352</i>	266 CuFt
8-7/8	5-1/2	3505 <i>3517</i>	1597 CuFt 2 stages
	2-3/8	3391	

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.)		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.	OIL CON. DIV.	

DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 9-10-92	Length of Test 24 Hrs	Bbls. Condensate/MMCF 127	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1540	Casing Pressure (Shut-in)	Choke Size

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.

Signature *A. R. Kendrick*
A. R. Kendrick Agent
Printed Name *JUL 6 1993*
Date *(505) 334-2555*
Telephone No.

OIL CONSERVATION DIVISION

JUL 30 1993

Date Approved
By *3rd. J. Chum*
SUPERVISOR DISTRICT 13
Title

accepted for information

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.