

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

Operator Evergreen Operating Corporation <i>(operator is)</i> <u>Meridian Oil Inc.</u>		Well API No. 30-039- 25198
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 Rosa Unit <u>7440</u>	Well No. 294	Pool Name, including Formation Basin Fruitland Coal <u>71629</u>	Kind of Lease XXX Federal XXX	Lease No. SF-078888
Location Unit Letter <u>P</u> : <u>1066</u> Feet From The <u>South</u> Line and <u>987</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>31 N</u> Range <u>4 W</u> , NMPM, Rio Arriba 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</u> <u>2806367</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 Incorporated</u> <u>2806366</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? No	When ?

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 <u>10-12-92</u>	Date Compl. Ready to Prod. <u>6-27-93</u>	Total Depth <u>4022'</u>		P.B.T.D. <u>3925</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>7010' GR</u>	Name of Producing Formation <u>Fruitland Coal</u>	Top Oil/Gas Pay <u>3907</u>		Tubing Depth <u>3901</u>				
Perforations <u>3907-3930'</u>	Depth Casing Shoe <u>4019</u>							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>8-5/8"</u>		<u>363' 335'</u>		<u>265 CuFt.</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>4019'</u>		<u>1308 CuFt 2 stages</u>			
	<u>2-7/8"</u>		<u>3901'</u>					

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 on the last 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

RECEIVED
JUL 6 1993
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D <u>6-27-93</u>	Length of Test	Bbls. Condensate/MMCF TSTM	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) <u>logged off</u> <u>660</u>	Casing Pressure (Shut-in) <u>660</u>	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 Agent
Printed Name JUL 6 1993 Title (505) 334-2555
Date JUL 6 1993 Telephone No.

**OIL CONSERVATION DIVISION
AUG - 2 1993**

Date Approved _____
By Brian J. Chang
SUPERVISOR DISTRICT #3
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.