

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

OIL CONSERVATION DIVISION

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

Operator Evergreen Operating Corporation	Well API No. 30-039-25300
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 Chicosa 36	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Foreign XXX XXXX	Lease No. NM-59695
Location Unit Letter D : 1174 Feet From The North Line and 790 Feet From The West Line Section 36 Township 31 N Range 4 W , 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"/> Water pool # 2804462	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"/> Associated Natural Gas, Inc. 2804460	Address (Give address to which approved copy of this form is to be sent) Box 5493, Denver, CO 80217, Attn: Mr. Knipp					
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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 9/4/93	Date Compl. Ready to Prod. 10/2/93		Total Depth 3918'		P.B.T.D. 3882'			
Elevations (DF, RKB, RT, GR, etc.) 7059' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3786'		Tubing Depth 3772'			
Perforations Lower: 3786-3808' (69), Upper: 3748-3754' (21)					Depth Casing Shoe 3911'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	355'	268 Ft ³ Circulated
7-7/8"	5-1/2"	3911'	1260 Ft ³ Circulated
	2-7/8"	3772'	

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 280	Length of Test 24 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 550 psig	Casing Pressure (Shut-in) 550 psig	Choke Size 1/4"

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
10/27/93 334-2555
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 29 1993
By Original Signed by CHARLES GHOLSON
Title DEPUTY OIL & GAS INSPECTOR, DIST. #5

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.