

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-04421

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

NE Square Lake Premier Unit

9. WELL NO.

#13

10. FIELD AND POOL, OR WILDCAT

Square Lake/Grayburg SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 9-16S-31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

SUNDRY NOTICES AND REPORTS ON RECEIVED

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Evergreen Operating Corporation

3. ADDRESS OF OPERATOR

1512 Larimer Street, Suite 1000, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

Unit B, 660' FNL & 1,980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

G.R. 4,140'

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

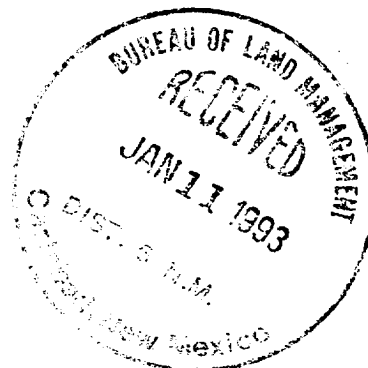
(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

12/11/92: MIRU. POH w/rods and pump. SDFN.

12/12/92: Acidize down backside w/250 gal 15% NEFE acid w/1 gal inhibitor and 150 gal xylene. SI 2 hrs to soak. Make 2 swab runs. Run new pump and rods, hang well on. RDMO.



18. I hereby certify that the foregoing is true and correct

SIGNED Stephanie J. Basey

TITLE Petroleum Engineer

DATE 1/7/93

(This space is for use by the Bureau of Land Management)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

SANTA FE, NEW MEXICO

*See Instructions on Reverse Side