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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

RECEIVED

AUG -6 '90

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Evergreen Operating Corporation</u>	Well API No. 30-015- 87369 <u>04829</u>
Address <u>1000 Writer Square, 1512 Larimer Street, Denver, Colorado 80202</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator <u>Penroc Oil Corporation, P.O. Box 5970, Hobbs, NM 88241</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>NE Square Lake Premier Unit</u>	Well No. <u>11</u>	Pool Name, Including Formation <u>Square Lake GB-SA North</u>	Kind of Lease State, Federal or Fee <input checked="" type="radio"/>	Lease No. <u>026418</u>
Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line Section <u>10</u> Township <u>16S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company Pipeline Division</u>	Address (Give address to which approved copy of this form is to be sent) <u>Brawer 159 Artesia, NM 88210</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Phillips Building, Bartlesville, OK 74004</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>10</u>	Twp. <u>16S</u>	Rge. <u>31E</u>
Is gas actually connected? <u>No</u>		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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 <u>posted ID-3</u> <u>8-31-90</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF <u>Estg OP</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	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.

Floyd Trujillo
Signature
Floyd Trujillo Production Supervisor
Printed Name
July 30, 1990 Date
(303) 534-0400 Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 31 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT I

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.