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Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

AUG -6 '90

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

Santa Fe, New Mexico 87504-2088 C C. D.

oo ido piesso idaj impoj i m	REQUE	STEAMS	ALLOWAE	LE AND F	UTHUHIZ URAL GA	CATIONNES	ha, office			
TO TRANSPORT OIL AND NATURAL GA							Well API No.			
Evergreen Operating Corporation /					30-015-87363					
Address				_						
1000 Writer Square, Reason(s) for Filing (Check proper box)				er Colo	rado 80 t (Please expla)202 in)				
New Well		hange in Tran Dry								
Recompletion Change in Operator	Oil Casinghead (, ,	densate							
Change in Operator LAJ Change of operator give name and address of previous operator PR	<u>~_</u>			0. Box !	970, Hol	obs, NM	88241			
I. DESCRIPTION OF WELL AND LEASE										
NE Square Lake Premier Unit 26 Square Lake					lanth		Kind of Lease State Federal or Fee		Lease No. 04421	
NE Square Lake Premi Location			I From The			980 Fee	et From The	г	Line	
Unit Letter	:2,3 ship 16S		2.		лем. лем.	Ed	_		County	
Section 10 Towns	inp 100		. <u>,,,, , , , , , , , , , , , , , , , , ,</u>	<u>. </u>						
II. DESIGNATION OF TRA	NSPORTER	OF OIL	AND NATU	RAL GAS	e address to w	Lish s 4	nomy of this f	form is to be a	ent)	
Name of Authorized Transporter of Oil	IX i -	or Condensate	wieion		159, Ar				······/	
Navajo Refining Comp	iany, Pipe		Dry Gas	Address (Giv	e address to w	hich approved	copy of this form is to be sent)			
	nme of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips 66 Natural Gas Company				Phillips Building, Bartlesvi					
If well produces oil or liquids,					Is gas actually connected? Wi			n 7		
ive location of tanks.	<u>ic</u> L		6S 31E	No						
f this production is commingled with th	at from any other	r lease or pool	, give comming	ling order num	ber:	· · · · · · · · · · · · · · · · · · ·				
V. COMPLETION DATA		03.76	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic		Oil Well	Gat well	I MEM METT] WOROVEI	Dapa	I I I I I I I I I I I I I I I I I I I			
Date Spudded		. Ready to Pro	i xd.	Total Depth	l		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
				CEMENT	CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SAONS CLIMENT		
				 						
							<u> </u>	 		
V. TEST DATA AND REQU	EST FOR A	LLOWAB	LE			laumble for the	ie danth or he	for full 24 ha	urs.)	
	er recovery of total		oad oil and mus	Producing N	lethod (Flow, p	owno, gas lift,	eic.)	. joi jan 24 110		
Date First New Oil Run To Tank	Date of Tes	J			,,	,,,	·	Poss	Test II	
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			8	31-92	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Chy	g OP	
GAS WELL							12	Carl		
Actual Prod. Test - MCF/D	Length of 7	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	ICATE OF	COMPL	IANCE		OIL CO	NSERV	ATION	DIVISI	ON	
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.					Date Approved AUG 3 1 1990					
4	1.15		e ^r							
Signature	au b	<u>(1.000.60)</u> H		By.	UNIGH	NAL SIGN WILLIAMS	<u>ยม ธช</u>			
Floyd Trujillo Printed Name	Product	Ť	ervisor ide	Titl	Stippe	WILLIAMS RVISOP, D		19		
July 30, 1990			34-0400 none No.		-					

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.