Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

Santa Fe, New Mexico 87504-2088

AUG -6 '90

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DECLIECT FOR ALL O			ALITHODI	ZATION	Q. C. D.			
I.	REQUEST FOR ALLO					SM. OFF	CE		
Operator Operator	Well Af			'i No.					
Evergreen Operating Corporation ✓ Address				30-015-87365					
1000 Writer Square, 15	12 Larimer Street.	Denve	er Colo	rado 8	0202				
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of	of:	L) Out	er (r iease expi	ainj				
Recompletion	Oil Dry Gas								
Change in Operator	Casinghead Gas Condensate								
If change of operator give name and address of previous operator Penr	roc Oil Corporation	n. P.J	O. Box.	5970, Ho	bbs, NM	88241			
II. DESCRIPTION OF WELL		111	- Ftion		Vindo	[Lease	1.	ase No.	
Deady I valle			GB-SA North State F			egeral)or Fee			
Location	OIIICI EE DYUATE	LUNC	up on i	101 (11					
Unit LetterH	: 1,980 Feet From T	The	<u>NLin</u>	e and	990 F	t From The _	E	Line	
Section 10 Township	o 16S Range	31	E , NI	мрм,	Ed	dy		County	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND N	NATUR	IAL GAS Address (Giv	e address to w	hich approved	copy of this fo	rm is to be se	મા)	
Navajo Refining Compan	Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, NM 88210								
Name of Authorized Transporter of Casinghead Gas X or Dry Gas			Address (Give address to which approved copy of this form is to be sent)						
Phillips 66 Natural Gas Company			Phillips Building, Bartlesville, OK Is was actually connected? When ?					74004	
If well produces oil or liquids, give location of tanks.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31E	No					·	
If this production is commingled with that I IV. COMPLETION DATA									
Designate Type of Completion	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	<u> </u>		P.B.T.D.		,l	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
Perforations						Depth Casin	g Shoe		
	TUBING, CASING	AND	CEMENTI	NG RECO	RD	1			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SE		5	ACKS CEMI	ENT	
						 			
									
V. TEST DATA AND REQUES	T FOR ALLOWABLE								
	ecovery of total volume of load oil a	ind must	be equal to or	r exceed top at	llowable for thi pump, gas lift, e	depth or be j	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		1 textricing to	iculos (1 10W,)	, gas 141, c	,	Onte	NID-	
Length of Test	Tubing Pressure		Casing Press	ure		Choke Size	8-3	d ID- 1-90	
			W			Gas- MCF	Phil	08	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls			O45- MCI	600		
GAS WELL						10			
Actual Prod. Test - MCF/D	Length of Test		Bt ls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Press	sure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	LATE OF COMPLIANC	E	<u> </u>			A	D. (1016		
I hereby certify that the rules and regul	lations of the Oil Conservation	-	1	OIL CO	NSERV.	AHON	บเงเรเ	אכ	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			11			139 31	1000		
is true and complete to the best of my	anowiedge and belief.		Date	e Approv	ed	133) 7	1330		
- In	Literalles								
Signature			By ORIGINAL SIGNED BY						
Floyd Trujillo Production Supervisor Printed Name Title			MIKE VILLIAMS Title SUPERVISOR, DISTRICT IF						
July 30, 1990	(303) 534-04	100	Little	307	LIVIOUTS,	<u> </u>	11		

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.