

OIL CONSERVATION DIVISION

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

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- 24835
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 Operator
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 Parker and Parsley Development Co., Box 516, Aztec NM 87410		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rosa Unit	Well No. 282	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease <del>XXX</del> Federal <del>XXX</del>	Lease No. SF-078891
Location Unit Letter K : 2000 Feet From The South Line and 1725 Feet From The West Line Section 2 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"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Associated Natural Gas Incorporated	Box 5493, Denver CO 80217 Attn: Mr. Knipp	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twsp.	Rge.
		Is gas actually connected? No
		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
		X	X					
Date Spudded 8-2-90	Date Compl. Ready to Prod. 9-7-90	Total Depth 4208		P.B.T.D. 4181				
Elevations (DF, RKB, RT, GR, etc.) 7135 GR	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 4048		Tubing Depth 4078				
Perforations 4048-4078'		Depth Casing Shoe 4207						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		364		295 CuFt			
7-7/8	5-1/2		4207		2137 CuFt 2 stages			
	2-7/8		4078					

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

RECEIVED  
JUL 6 1993  
OIL CON. DIV.  
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 9-4-90	Length of Test	Bbls. Condensate/MMCF 537	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1350	Casing Pressure (Shut-in) 1350	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.

Signature A. R. Kendrick Agent  
Printed Name A. R. Kendrick Title  
Date JUL 6 1993 Telephone No. (505) 334-2555

OIL CONSERVATION DIVISION

Date Approved JUL 6 1993  
By Burt D. Shaw  
Title SUPERVISOR DISTRICT #3

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.