Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

I.

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

						D-039- 24856			
Evergreen Operating Corporation 7664						<u> </u>			
c/o A. R. Kendrick, E	Box 516, Azt	ec NM 87410)						
Reason(s) for Filing (Check proper box)			Oth	er (Please expla	zin)				
New Well		Transporter of:							
Recompletion	Oil L.I	Dry Gas	(Change	Operat	or			
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator Par	ker and Pars	ley Develop	ment Co.	, Box 5	16, Azte	ec NM 874	10		
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name Well No. Pool Name, Include						(Lease Lease No.			
Rosa Unit 4/64	<i>↓</i> 283	Basin Fru	itiand co	Dal 7/6.	29 11	Federal ox X & X	SF-07	8891	
Location Unit Letter H	:1830	Feet From The N	orth Lim	and \$50	Fe	et From The	East	Line	
Section 2 Township	_p 31 N	Range 4 W	, Nì	ирм, Ric	Arriba	a		County	
III DECICNATION OF TRAN	CDADTED AF A	II ANID MATE	DAI CAC						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casing		ess (Give address to which approved copy of this form is to be sent)							
Associated Natural Gas					r, co 8	0217, Att	n: Mr.	. Knipp	
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? V give location of tanks.						7			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ling order numb	рег:					
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded 9-10-90	Date Compl. Ready to	Prod.	Total Depth	/ 160	<u> </u>	P.B.T.D.	. 140		
Elevations (DF, RKB, RT, GR, etc.)	6-11-91	4160 Top Oil/Gas Pay			4148				
Elevations (DF, RKB, RT, GR, etc.) 7151 GR Name of Producing Formation Fruitland Coal				4062'			Tubing Depth 4041'		
Perforations				.002			Depth Casing Shoe		
4062-4082'							4149'		
TUBING, CASING AND			, 						
HOLE SIZE 12-1/4	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
7-7/8	8-5/8		352			260 CuFt			
7-778	5-1/2 2-7/8		4149			1573 CuFt 2 stages			
	2-	4041							
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	1			l			
	ecovery of total volume	of load oil and musi					ull 24 hour	S.) Low A reserve	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift,								
Length of Test	Tubing Pressure		Casing Pressure			JUL 6 1993			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
CAC YERRE				OIL CO	11.4. 1 St. 8	<i>√2</i>			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Dhie Cent	010 A A (CT					
3275	24 Hr		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
Back Pressure	1100		1150			0.00			
			1130						
VI. OPERATOR CERTIFICATE OF COMPLIANCE				DIL CON	SERVA	ATION DI	VISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.				Annrovo	, JUI	_ 61993			
af Kouldseel				Date Approved					
Signature A. R. Kendrick Agent				By Bird Chang					
Printed Name Title				SUPERVISOR DISTRICT #3					
JUL. 6 1993 (505) 334-2555 Date Telephone No.				٠.					

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.