

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

L.

Operator Evergreen Operating Corporation		Well API No. 30-039-24858	
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 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. 293	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease Foot , Federal XXX	Lease No. SF-078888
Location Unit Letter <u>G</u> : <u>1510</u> Feet From The <u>North</u> Line and <u>1720</u> Feet From The <u>East</u> Line Section <u>10</u> Township <u>31 N</u> Range <u>4 W</u> , 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.	Twp.	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 9-22-90	Date Compl. Ready to Prod. 4-27-91		Total Depth 3970			P.B.T.D. 3944			
Elevations (DF, RKB, RT, GR, etc.) 6970 GR '	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3799			Tubing Depth 3903			
Perforations 3799-3802, 3837-41, 3884-99, 3901-06'						Depth Casing Shoe 3970			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4		8-5/8		364		260 CuFt			
7-7/8		5-1/2		3970		1466 CuFt			
		2-7/8		3903					

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	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 4-27-91	Length of Test 24 Hrs	Bbls. Condensate/MMCF. 116	Gravity of Condensate 50.0
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 560	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.

Signature A. R. Kendrick Agent

Printed Name JUL 6 1993 Title (505) 334-2555
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 6 1993
By *Bill D. Chang*
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.