Submit 5 Copies
Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

000 Rio Brazos Rd., Aziec, NM 87	HEQU					AUTHORI TURAL G					
Operator			Well A	VPI No.	5050						
Evergreen Operating Corporation						30-039- 25058					
C/o A. R. Kendri		16, A	ztec	NM 874		or (Planes avol	oin)				
Reason(s) for Filing (Check proper b	ox)	Change in	Теппселог	der of:		es (Please expl	ain)				
New Well	Oil	· ·	Dry Gas		Fro	m Willia	ms Fiel	d Servic	es		
Recompletion	=		Condens	_		Change					
Change in Operator	Parker an				oment Co	Box	516. Azt	ec NM 87	7410		
and address of previous operator _			Tey I	DEVCIO	prierre o						
II. DESCRIPTION OF WE Lease Name	ng Formation		Kind	of Lease							
Rosa Unit					itland Coal XXXI			Federal ox TREXX SF-078894			
Location		1									
Unit Letter L	:	490	Feet Fro	om The _	South Lin	E 4100		et From The _	West	Line	
Section 28 To	waship 31	N	Range	4W	, N	MPM, F	Rio Arri	ba ————————————————————————————————————		County	
III. DESIGNATION OF T	RANSPORTE	R OF OI	L ANI	D NATU	RAL GAS	·					
Name of Authorized Transporter of	Oil 🗀	or Conden			Address (Gi	ve address to w	hich approved	copy of this for	m is to be se	eni)	
Name of Authorized Transporter of Casinghead Gas Associated Natural Gas, Inc.			or Dry	Gus 💢	Address (Give address to which approved Box 5493, Denver, CO 8			30217, Attn: Mr. Knipp			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actual No	y connected?	When	7			
If this production is commingled with IV. COMPLETION DATA		ner lease or p	pool, giv	e comming	ing order num	ber:					
Designate Type of Comple	etion - (X)	Oil Well	0	ias Well X	New Well	Workover	Deepen	Plug Back	same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u>!</u>			Depth Casing Shoe			
		TUBING.	CASI	NG AND	CEMENT	NG RECO	SD CD	1			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					-		<u> </u>	<u> </u>			
											
V. TEST DATA AND REC	UEST FOR A	ALLOW A	ABLE	oil and mus	the equal to a	r exceed top al	lowable for the	is depth or be fo	or full 24 hoi	urs.)	
OIL WELL (Test must be Date First New Oil Run To Tank	Date of Te		<i>-</i> , , , , , , , , , , , , , , , , , , ,			lethod (Flow, p			(2 년 (2 년)	of the Market of the Control of the	
					Cost D			Clara Size	% ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩		
Length of Test	Tubing Pro	Tubing Pressure			Casing Pressure			JUL 6 1993			
Actual Prod. During Test	Oil - Bbla.	Oil - Bbls.				Water - Bbis.			OIL CON. DIV		
GAS WELL									DIST.	3	
ctual Prod. Test - MCF/D Length of Test					Bbls. Conde	nsale/MMCF		Gravity of Condensate			
Testing Method (pitos, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERT				NCE			NSFRV	ATION [)IVISIO	ON.	
I hereby certify that the rules and Division have been complied wi is true and complete to the best of	th and that the info	ermation give	vation en above	:			41.2	م م		-·•	
is true and complete to the best of	A IIIY EDOWIEGGE I	· /			Dat	e Approve	ed	A			
Signature Signature					By Bind Chang						
A. R. Kendrick Agent Printed Name JUL 6 1993 (505) 334-2555					Title SUPERVISOR DISTRICT #3						
Date			phone N								

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.