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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO								
Operator.	TO TRANSPORT OIL AND NATURA				Well API No.				
Operator Evergreen Operating	Corporation			30-039- 25116					
c/o A. R. Kendrick,	Box 516, Az	tec NM 874		(Please explai	·- \				
Reason(s) for Filing (Check proper box) New Well	Change is T	Transporter of:	U Otha	() teme expan	<i></i>				
	· -	Dry Gas							
Recompletion		Condensate							
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name Schalk 33 /36	Well No. 1	~ / .			Federal ox TeX X NM-23045				
Location					7				
Unit LetterK		Feet From The Sou	uth Line			et From The W	est	Line	
Section 33 Townsh	<sub>ip</sub> 31N	Range 4W	, NIM	IPM, R	io Arri		<del></del>	County	
III. DESIGNATION OF TRAI	NSPORTER OF OIL	L AND NATU	RAL GAS		!ab a	none of this for	m is to be	-n/)	
Name of Authorized Transporter of Oil	or Condens	1 2 1	Address (Give	caaress to wh	ил арргочеd	copy of this for	m 13 10 0€ 36	.ruj	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Ac				Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casin Associated Natural	Box 5493, Denver CO 80217, Attn: Mr. Knipp								
If well produces oil or liquids, give location of tanks.						Vhen ?			
If this production is commingled with that	from any other lease or p	ool, give commingl	ing order numb	धः.					
IV. COMPLETION DATA	Oil Well	Gas Weil	New Well	Workover	Deepen	Plug Back	iame Res'v	Diff Res'v	
Designate Type of Completion		X	j X j					1	
Date Spudded 9-16-91	•	Date Compi. Ready to Prod. 10-19-92		Total Depth 3591		P.B.T.D. 3567			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
6669' GR	Fruitland Co	3447			3523				
Perforations 3447-49, 3471-72, 3490-98, 3501-02, 3506-1			3			Depth Casing Shoe 3591			
	TUBING,	CEMENTING RECORD			1				
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4		8-5/8		370			265 CuFt		
7-7/8		5-1/2		3591		777 CuFt			
	2-7,	/8		3523			· · · <del></del>		
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR ALLOWA	BLE	he equal to or	exceed top allo	wable for thi	s depth or be fo	r full 24-hou	usan de P	
Date First New Oil Run To Tank  Date of Test			be equal to or exceed top allowable for this depth or be for full 24-hours on grant Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Chidda Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbla.		Water - Bols.			OIL CON. DIV		
GAS WELL			.1				DIST.	3	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
10-19-91		24 Hrs Tubing Pressure (Shut-in)		50 Casing Pressure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	-	Casing Press	ne (20m-10)		CHOLE SIZE				
Back Pressure	400	TANCE	1		<del></del>	<del></del>			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and reg	ulations of the Oil Conserv	vatios		OIL CON	ISERV.	ATION [		NC	
Division have been complied with an is true and complete to the best of my		H BUJYG	Date	Approve	d	UL 61	993		
ak Ke	udrick			. •	3.1	> dh	_/		
Signature A. R. Kendrick Agent				SUPERVISOR DISTRICT #3					
Printed Name JUL. 6 1993		334-2555	Title						
Date	Tele	phone No.	<u> </u>						

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.