

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|---|
| Operator Evergreen Operating Corporation | Well API No. 30-039-25213 |
| Address c/o A. R. Kendrick, Box 516, Aztec, New Mexico 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 _____ | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------|--|--|------------------------|
| Lease Name Rosa Unit 4/64 | Well No. 298 | Pool Name, Including Formation Basin Fruitland Coal | Kind of Lease State, Federal or Fee XXX XXXX | Lease No. SF-078892 |
| Location Unit Letter N : 1305 Feet From The South Line and 2040' Feet From The West Line Section 14 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 checked="" type="checkbox"/> Meridian Oil, Inc. 2806098 | Address (Give address to which approved copy of this form is to be sent) Box 4289, Farmington, NM 87499 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Associated Natural Gas, Inc. 2806099 | Address (Give address to which approved copy of this form is to be sent) Box 5493, Denver, CO 80217, Attn: Mr. Knipp | |
| well produces oil or liquids, location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? When? No |

is production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
|---|-----------------------------|----------------|-----------------|----------|-------------------|-----------|------------|------------|
| Spudded | | X | X | | | | | |
| 7/29/93 | Date Compl. Ready to Prod. | 9/3/93 | Total Depth | 3770' | P.B.T.D. | 3730' | | |
| ions (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Fruitland Coal | Top Oil/Gas Pay | 3596' | Tubing Depth | 3624' | | |
| 5750' GR | | | | | Depth Casing Shoe | 3769' | | |
| ations | | | | | | | | |
| 596-3600, 3604-04, 3634-49, 3651-57', 93 0.5" holes @ 3 SPF | | | | | | | | |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|---------------------------------|
| 2-1/4" | 8-5/8" | 383' | 266 Ft ³ Circulated |
| 7-7/8" | 5-1/2" | 3769' | 1650 Ft ³ Circulated |
| | 2-7/8" | 3624' | |

TEST DATA AND REQUEST FOR ALLOWABLE

| | | | |
|---|-----------------|---|------------|
| ELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth) | RECEIVED | | |
| New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Test | Tubing Pressure | Casing Pressure | Choke Size |
| d. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

ELL

| | | | |
|-----------------------------------|----------------------------------|----------------------------------|-----------------------|
| Test - MCF/D 10 | Length of Test 24 Hours | Bbls. Condensate/MMCF 0 | Gravity of Condensate |
| iod (prior, back pr.) Pressure | Tubing Pressure (Shut-in) 250 | Casing Pressure (Shut-in) 250 | Choke Size 1/4" |

RATOR CERTIFICATE OF COMPLIANCE

certify that the rules and regulations of the Oil Conservation
have been complied with and that the information given above
complete to the best of my knowledge and belief.

Kendrick
Kendrick Agent
10
/93 Title
334-2555
Telephone No.

OIL CONSERVATION DIVISION NOV - 3 1993

Date Approved _____
By ORIGINAL SIGNED BY ERNIE BUSCH
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

CTIONS: This form is to be filed in compliance with Rule 1104

est for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
Rule 111.

ctions of this form must be filled out for allowable on new and recompleted wells.

it only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

ite Form C-104 must be filed for each pool in multiply completed wells.