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, Anesia, NM 88210

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

Operator	na - Ann orati	in Open	reaction Och	Well A	-039-25	219
Evergreen Operation	ng Corpora v		Jean City			
Address c/o A. R. Kendric	k Box 516.	Aztec. 1	NM 87410 /			
Reason(s) for Filing (Check proper box)	K, BOX 3107	2007	Other (Please explain	ı)		
New Weil	Change in 7	Fransporter of:		•		
Recompletion		Dry Gas				
Change in Operator	_	Condensate				
f change of operator give name						
and address of previous operator						
II. DESCRIPTION OF WELL	AND LEASE					
Lease Name	Well No.	Pool Name, Includi		Kind of		Lease No.
Rosa Unit 1941	(315	Basin F	ruitland Coal	XXX	ederai ok/jyjeX	SF-078774
Location			2000		T.7	-
Unit Letter K	_ :2548	Feet From The S	poth Line and 2066	Fee	t From The	est Line
			, NMPM, Rio A	rriba		_
Section 30 Township	_p 31 N	Range 4 W	, NMPM, ALO I			County
	IODODWED OF OU	E ANDEN NIATEL	DAT CAC			
III. DESIGNATION OF TRAN	SPORTER OF OII		KAL GAS Address (Give address to which	h approved	conv of this form	is to be sent)
Water POD #						
	- + 2	or Dry Gas XX	Address (Give address to whic	h approved	come of this form	is to be sent)
Name of Authorized Transporter of Casing Associated Natural G			Box 5439, Denver	·, co 8	0217 Attn	: Mr. Knipp
If well produces oil or liquids,	· · · · · · · · · · · · · · · · · · ·	Twp. Rge.		When 1		
give location of tanks.		31N 4W	No	i		
If this production is commingled with that		ool, give comming	ing order number:			
IV. COMPLETION DATA		, &				
	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sar	ne Res'v Diff Res'v
Designate Type of Completion		X	i x i i	i	i	i
Date Spudded	Date Compi. Ready to	Prod.	Total Depth		P.B.T.D.	
10-18-92	9-6-93		3500'		3470'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	mation	Top Oil/Gas Pay		Tubing Depth	
6549' GR	Fruitland C	oal	3296'		3347'	
Perforations 3296-3301, 3350-52,	2256 64 3370	_76 3379_	.84' 3 spf = $.78$	holes	Depth Casing S	196 9
3296-3301, 3350-52,						
			CEMENTING RECORD		SACKS CEMENT	
HOLE SIZE	CASING & TU		DEPTH SET			
12-1/4"	8-5/ 5-1/		355' 3499'		266 Ft ³ Circulated 1033 Ft ³ 2 stages	
7-7/8"	2-7/		3347'		1033 FL	2 Stages
	2-11	8	3347			
V. TEST DATA AND REQUES	ST FOR ALLOWA	RIF	<u> </u>		L	
OIL WELL (Test must be after t	recovery of total volume /	aflood oil and musi	t he equal to or exceed top allow	unhle for this	Some Call	And Market St.
Date First New Oil Run To Tank			or equal to or enector top show	70010 701 1710	TUFE T	יין ועבר יור ביויי
			Producing Method (Flow, pur	up, gas lift, ei	(CS=/ — ~	
Length of Test			Producing Method (Flow, pur	rp, gas lift, e		
-			Producing Method (Flow, pure Casing Pressure	np, gas lift, e		
	Tubing Pressure		Troubelly Wiedrod (Frow, pier	np, gas lift, e	Choke Sign	
Actual Prod. During Test			Troubelly Wiedrod (Frow, pier	np, gas lift, e		
Actual Prod. During Test	Tubing Pressure		Casing Pressure	np, gas lift, e	Choke SiGEF	21 0 1993 ON DIV
	Tubing Pressure		Casing Pressure	np, gas lift, e	Choke SiGEF	1 0 1993
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Tubing Pressure Oil - Bbls.		Casing Pressure Water - Bbls.	rp, gas lift, e	Choke SiGEF	21 0 1993 CON DIV
GAS WELL	Tubing Pressure Oil - Bbls. Length of Test		Casing Pressure	rp, gas lift, e	Choke SiGEF	21 0 1993 CON DIV
GAS WELL Actual Prod. Test - MCF/D	Tubing Pressure Oil - Bbls.	ours	Casing Pressure Water - Bbls.	rp, gas lift, e	Choke SiGEF	21 0 1993 CON DIV
GAS WELL Actual Prod. Test - MCF/D TSTM	Tubing Pressure Oil - Bbls. Length of Test 24 Ho	ours	Casing Pressure Water - Bbls. Bbls. Condensate/MMCF	np, gas lift, e	Choke Sige	21 0 1993 CON DIV
GAS WELL Actual Prod. Test - MCF/D TSTM Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure Oil - Bbls. Length of Test 24 Ho Tubing Pressure (Shut-	ours in)	Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	rp, gas lift, e	Choke Sige	21 0 1993 CON DIV
GAS WELL Actual Prod. Test - MCF/D TSTM Testing Method (pital, back pr.) Back Pressure VI. OPERATOR CERTIFIC	Tubing Pressure Oil - Bbls. Length of Test 24 Ho Tubing Pressure (Shut-	ours in) LIANCE	Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) 850	φ, ξω εμε, ει	Choke Sige F	ON DIV
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GAS WELL Actual Prod. Test - MCF/D TSTM Testing Method (pitot, back pr.) Back Pressure VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	Tubing Pressure Oil - Bbls. Length of Test 24 Ho Tubing Pressure (Shut- CATE OF COMP. Ilations of the Oil Conserved that the information give knowledge and belief.	ours in) LIANCE	Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) 850	SERVA	Choke Sige F	ON DIV
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GAS WELL Actual Prod. Test - MCF/D TSTM Testing Method (pitot, back pr.) Back Pressure VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my Signature A. R. Kendrick Printed Name	Tubing Pressure Oil - Bbls. Length of Test 24 Ho Tubing Pressure (Shur- CATE OF COMP Ilations of the Oil Conserver in that the information give knowledge and belief. Agen	ours in) LIANCE ration in above	Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) 850 OIL CON Date Approximately By	SERVA SE	Choke Sige F GaOR C Gravity of Con Choke Size ATION D	ON DIVIDIST Sensate VISION 993
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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.