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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

I.	T	O TRANS	SPORT	OIL	AND NA	TURAL GA		DI No			
Operator	Otime Gtime					Well API No. 30-039-25257					
Evergreen Operating Corporation						30-037-23231					
Address				0744	^						
c/o A. R. Kendrick,	Box 516	, Aztec	, NM 8	3/41	U Othe	r (Please expla	in)				
Reason(s) for Filing (Check proper box)	,	banca in Ter	nonoder A	.f.		a it tems expu	 ,				
New Well		hange in Tra	insporter o ry Gas	": 							
Recompletion	Oil Casinghead		ondensate	\Box							
Change in Operator	Casingheau	<u> </u>	Alochisate	<u> </u>							
If change of operator give name and address of previous operator						·					
II. DESCRIPTION OF WELL A	AND LEAS	SE									
Lease Name	1	Vell No. Po	ol Name,	Includia	ng Formation	7/62		of Lease		ease No.	
Schalk 32 /36/7 1 Basin Fruitland Coal "649 Rock Federal or Reck NM-23044											
Location						105	_		Foot	}	
Unit Letter A	_ :790 _ :	Fe	et From T	he _N	orth Line	and	Fe	et From The	East	Line	
	24 17		1			- Pio	Arriba			C	
Section 32 Township	31 N	Ra	ange 4	W	, NI	MPM, RIO	ALLIDA			County	
THE DESCRIPTION OF THE ABI	CDADTED	OF OH	A NID NI	וו זייני או	DAT CAS						
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		or Condensate		AIU	Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se	ent)	
Water POD #		2805		ļ	,		••				
Name of Authorized Transporter of Casinghead Gas or Dry Gas \ Address (Give address to which approved copy of this form is to be sent)										ini)	
Associated Natural Gas, Inc. 2805488 Box 5493, Denver, CO 80217, Attn: Mr. Kni											
If well produces oil or liquids, Unit Sec. Twp. Rge.											
give location of tanks.	<u>i 1</u>		1		No)	L				
If this production is commingled with that f	from any other	lease or poo	ol, give con	mmingl	ing order numl						
IV. COMPLETION DATA		,	_,			·		1 5 5 1	10 0 1	big n. i.	
Designate Type of Completion	- (X)	Oil Well	Gas V		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Ready to Pr	X	·	X Total Depth	<u> </u>	1	P.B.T.D.	L		
l '	Date Compl. Ready to Prod. 9/21/93					562'		3512'			
8/11/93 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas			Tubing Depth			
6610' GR	Fruitland Coal				3436'			3431'			
Perforations								Depth Casing Shoe			
3355-58, 3385-88, 34	.5" holes @ 3 SPF 3562'										
	TUBING, CASING AND				CEMENTI	NG RECOR	<u>D</u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12-1/4"		8-5/8			384'			266 Ft ³ Circulated			
7-7/8"	5-1/2"			3562'			1317 Ft ³ Circulated				
	2-7/8"			3431'							
V. TEST DATA AND REQUES	T FOR A	LLOWAE	RLE		<u>}</u>			J			
OIL WELL (Test must be after r	ecovery of tol	al volume of	load oil ar	nd must	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hoi	urs.)	
Date First New Oil Run To Tank	Date of Test					ethod (Flow, pi				1	
	540 0. 104				8, 4						
Length of Test	Tubing Pres	Tubing Pressure			Casing Press	ire		Chake Size	Chake Size		
								Gas- MCF			
Actual Prod. During Test	tual Prod. During Test Oil - Bbls.				Water - Bbls	•					
					<u> </u>			(12) 6 L3	10.51.		
GAS WELL	•								•	ٽ 	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
1200	24 Hours				Coolea Pressure (Shut in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in) 550			3/4"			
Back Pressure 100					·	550		1	3/4	 	
VI. OPERATOR CERTIFIC				E	11 (OIL CON	ISFRV	ATION	DIVISION	NC	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Anazara	d 90	,	1778		
						Approve	<u> </u>				
ar tendente					Original Signed by CHARLES GROUDEN						
Signature					∥ By_						
A. R. Kendrick Agent						DEPUTY (OIL & GAS	INSPECTOR	norm i		
Printed Name 10/27/93		334-			Title	·		MODE ECTUR	المُنتِح وَلَا اللَّهِ وَاللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ اللَّهِ مِنْ		
Date			none No.			*					

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.