

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

Water pad 2804582

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Evergreen Operating Corporation	Well API No. 30-039-25293
Address c/o A. R. Kendrick, Box 516, Aztec, NM 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	Well No. 288	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Foreign State	Lease No. SF-078890
Location Unit Letter <u>L</u> : <u>1840</u> Feet From The <u>South</u> Line and <u>1020</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>31 N</u> Range <u>4 W</u> , 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"/>	Address (Give address to which approved copy of this form is to be sent) Box 4289, Farmington, New Mexico 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 5493, Denver, CO 80217, Attn: Mr. Knipp	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <u>No</u> When ?	

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8/17/93	Date Compl. Ready to Prod. 10/6/93		Total Depth 4,000'		P.B.T.D. 3949'			
Elevations (DF, RKB, RT, GR, etc.) 6995' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3805'		Tubing Depth 3820'			
Perforations 3805-11, 3850-54, 3866-76', 69 0.5" holes @ 3 SPF					Depth Casing Shoe 3992'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		395'		152 Ft <sup>3</sup> Circulated			
7-7/8"	5-1/2"		3992'		1381 Ft <sup>3</sup> Circulated			
	2-7/8"		3820'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth (see Rule 1104, 24 hours))			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 1115	Length of Test 24 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 200	Casing Pressure (Shut-in) 680	Choke Size 1"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

A. R. Kendrick  
Signature  
A. R. Kendrick Agent  
Printed Name  
10/29/93  
Date  
334-2555  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV - 3 1993  
By ORIGINAL SIGNED BY ERNIE BUSCH  
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.