

OIL CONSERVATION DIVISION

Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASRECEIVED
JUN 28 1984
OIL CON. DIV.
DIST. 3

CO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator **QUINOCO PETROLEUM, INC.**

Address **3801 E. FLORIDA AVENUE, PO BOX 10800, DENVER, COLORADO 80210-0800**

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☒

Other (Please explain)

If change of ownership give name and address of previous owner

TENNECO OIL COMPANY, P. O. Box 2511, Houston, Texas 77001

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE 16	Well No. 1	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee STATE	Lease No. LG3571
Location Unit Letter G : 1850 Feet From The NORTH Line and 1450 Feet From The EAST Line of Section 16 Township 26N Range 8W , NMPM, SAN JUAN 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"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 9156, Phoenix, Arizona 85068
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> EL PASO NATURAL GAS	Address (Give address to which approved copy of this form is to be sent) PO BOX 1492, EL PASO, TEXAS 79978
If well produces oil or liquids, give location of tanks. Unit C Sec. 16 Twp. 26N Rge. 8W	Is gas actually connected? yes When 11-17-76

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

IV. COMPLETION DATA

Designate Type of Completion - <input checked="" type="checkbox"/>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pumpjack, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

Anne M. Hackey
(Signature)

DIRECTOR, PRODUCTION SERVICES
(Title)JUNE 7, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUN 28 1984**, 19BY *Frank J. [Signature]*
SUPERVISOR DISTRICT # 3

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.