

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

QUINOCO PETROLEUM INC.

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

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name STATE 16	Well No. 1E	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee STATE	Lease No. LG3571
Location Unit Letter P ; 1110 Feet From The SOUTH Line and 1050 Feet From The EAST Line of Section 16 Township 26N Range 8W , NMPM, SAN JUAN County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Conoco, Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) Box 460 Hbbs, NM 88240		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ 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 Sec. Twp. Rge. P 16 26N 8W	Is gas actually connected? yes	When 12-3-81 1st delivered

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

III. COMPLETION DATA

Designate Type of Completion - ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res't. ☐ Diff. Res't. ☐									
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
RECEIVED JUN 28 1984 OIL CON. DIV. DIST. 3									

IV. 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, 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Split, back pr.)	Tubing Pressure (Start-10)	Casing Pressure (Start-10)	Choke Size

V. 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 correct to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT #3

DIRECTOR, PRODUCTION SECTION

JUN 27, 1984