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Appropriate District Office
P.O. Box 1960, 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Quintana Petroleum Services, Inc. <u>36436</u>	Well API No.	30-045-28588
Address	P. O. Box 3331, Houston, Tx. 77253		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator McKenzie Methane Corp., 1911 Main, #255, Durango, Colo. 81301			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Vandewart A <u>13955</u>	Well No.	15	Pool Name, including Formation	Basin FT Coal <u>71629</u>	Kind of Lease	State, Federal or Fee	Lease No.	SF-078502
Location	Unit Letter <u>A</u> : <u>1030</u> Feet From The <u>N</u> Line and <u>811/242</u> Feet From The <u>San Juan</u> Line								
	Section <u>20</u>	Township <u>29</u>	Range <u>8</u>	NMPM		<u>5X</u>	County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Wyalapa</u> <u>1300250</u>			Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<u>El Paso Natural Gas</u> <u>1300230</u>			Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.			Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
							No	

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	New Well	Workover	Deepen	Plug Back	Same Res.v	Diff Res.v
		X						
Date Spudded	9-21-91	Date Compl. Ready to Prod.	12-26-91	Total Depth	3710	P.B.T.D.	3656	
Elevations (DF, RKR, RT, GR, etc.)	6956' GR	Name of Producing Formation	Fruitland Coal	Top Oil/Gas Pay	3418	Tubing Depth	3556	
Perforations	3418-3635'				Depth Casing Shoe	3706		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8-5/8, 24"	268	250
7-7/8	4 1/2, 11.6"	3706	575 + 150
	2 3/8	3556	

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

OCT 1 4 1993

GAS WELL

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

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.

Signature Steve Sandlin Land Manager
Printed Name Steve Sandlin Title
Date 10/8/92 Telephone No. (713)651-8889

OIL CONSERVATION DIVISION
OCT 1 4 1993
Date Approved
By Supervisor
Title SUPERVISOR DISTRICT 13

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.