

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-11
 Effective 1-1-61

WELL NAME _____
 COUNTY _____
 LAND OF RICE _____
 TRANSPORTER OIL GAS
 OPERATOR _____
 PRORATION OFFICE _____

I. Operator Quinoco
 Address P.O. Box 10200, Denver, CO 80210-0200
 Reason(s) for filing (Check proper box) (One: Please explain)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletor Castinhead Gas Condensate
 Change in Ownership
 If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State Well Name, Foot Name, including Formation 36-2 Basin Dakota Kind of Lease State, Federal or Fee State State Lease No. V-81
 Location
 Unit Letter B 870 Feet From The North Line and 1700 Feet From The East
 Line of Section 36 Township 30 Range 14 NMBM San Juan County

III. IDENTIFICATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Gary Energy Corporation Address (Give address to which approved copy of this form is to be sent) 4 Inwood St. East Englewood, CO 80112-5501
 Name of Authorized Transporter of Gaseous Gas or Dry Gas El Paso Natural Address (Give address to which approved copy of this form is to be sent) Caller Service 4289, Farmington, NM 87499
 If well produces oil or natural gas, production of tanks: Oil 7 Gallons, Gas 36 Cubic Feet, Condensate 30 Gallons, Other 14
 If this production is commingled with that from any other well or pool, give commingling order number _____

IV. COMPLETION DATA

Designate Type of Completion - CU
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Dr. _____ P.B.T.D. _____
 Deviations HP, LKB, J.J., GA, etc. Name of Producing Formation _____ Top Oil Surface _____ Trueing Depth _____
 Casing _____ 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 greater for 24 hours)

Date Started - Oil Run to Date _____ Date of Test _____ Producing Interval (ft) 100-110, 115-120
 Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____
 Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____
GAS WELL
 Actual Prod. During Test _____ Length of Test _____ Bbls. Condensate (MCF) _____ Gravity of Condensate _____
 Tubing Pressure (Ehwt-in) _____ Casing Pressure (Ehwt-in) _____ Choke Size _____

VI. CERTIFICATE OF COMPLIANCE

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

Frank J. Quinoco
 OPERATOR

OIL CONSERVATION COMMISSION
 APPROVED Frank J. Quinoco **SEP 11 1985**
 BY _____
 SUPERVISOR DISTRICT # 3

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 deviate 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, transporter, or transporter or other such change of condition.