

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Quinoco Petroleum, Inc.	Well API No. 30-045-27643
Address P.O. Box 378111, Denver, CO 80237	
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 Quinoco Yager N	Well No. 5	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter N : 1160 Feet From The S Line and 2315 Feet From The W Line Section 3 Township 31N Range 7W, 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 type="checkbox"/> None	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Co.	P.O. Box 8900, Salt Lake City, UT 84108-0899	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When?
	Yes	8/13/90

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	X					
Date Spudded 4/11/90	Date Compl. Ready to Prod. 5/4/90	Total Depth 3,313' KB	P.B.T.D. 3,313' KB					
Elevations (DF, RKB, RT, GR, etc.) 6,564' GL	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 3,090'	Tubing Depth 3,072.97'					
Producing Formation 3,090' - 3,247'			Depth Casing Shoe -					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	347.58'	200 sxs Class "B"
			w/2% CaCl <sub>2</sub>
8-3/4"	7"	3,090'	500 sxs 65-35 lite
	2 7/8	3073	& 80 sxs Class "B"

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, etc.)
		RECEIVED
Length of Test	Tubing Pressure	Casing Pressure
		CHOKE SIZE
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		2002-01990
		OIL CON. DIV.
		DIST. 13

GAS WELL

Actual Prod. Test - MCF/D 199	Length of Test 24 hrs.	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 1450	Casing Pressure (Shut-in) 1450	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.

Holly S. Richardson  
Signature  
Holly S. Richardson Sr. Ops. Eng. Tech.  
Printed Name  
8/15/90  
Date  
(303) 850-6322  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 17 1990**

By [Signature]  
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.