

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF COPIES DESIRED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Quinoco Petroleum, Inc.

Address: 3801 E. Florida Avenue, P. O. Box 10800, Denver, Colorado 80210-0800

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/>		
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>			

If change of ownership give name and address of previous owner: Tenneco Oil Company, P. O. Box 2511, Houston, Texas 77001

DESCRIPTION OF WELL AND LEASE

Lease Name: F. Montoya 27	Well No.: 1	Pool Name, including Formation: Blanco Mesaverde	Kind of Lease: State, Federal or Fee	Fee	Lease No.
Location: Unit Letter P, 790 Feet From The East Line and 790 Feet From The South					
Line of Section 27, Township 32N, Range 13W, NMPM, San Juan County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company	Box 9156, Phoenix, Arizona 85068
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)
El Paso Natural Gas Co.	P.O. Box 990 Farmington NM 87499
If well produces oil or liquids, give location of tanks.	Unit: P, Sec: 27, Twp: 32N, Rge: 13W
	Is gas actually connected? yes, When 2-28-80 1st delivered

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

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

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	Casing 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-MCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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: Anne Hockley, Director, Production Services, June 26, 1984

OIL CONSERVATION DIVISION

APPROVED JUN 28 1984 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 name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple completed wells.