## HGY AND MINIMINE DISTRIBUTION (1151 A IN (11 10H LAND OFFICE TAAHIPORTER DPF HAT-DR

## OIL CONSERVATION DIVISION P. O. DOX 2088

SANTA FE, NEW MEXICO 87501 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PADRATION OFFICE Operator Quinoco Petroleum Inc. Addiess 3801 E. Florida Avenue, P. O. Box 10800, Denver, Colorado 80210-0800 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Condensale Change in Ownership X Tenneco 0il Company, P. O. Box 2511, Houston, Texas 77001 If change of ownership give name and address of previous owner\_ DESCRIPTION OF WELL AND LEASE.
| Well No. | Pool Name, Including Formation Sptere No. State, Federal or Fee Federal 078818-A 1M Basin Dakota B. Montoya 🕹 1115 Feet From The North Line and 870 West County 13W , NMPM, San Juan Range T. mahip 32N 25 Address (Give address to which approved copy of this form is to be sent) DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Janopartation P.O. Box 990 Farmington MM El Paso Natural Gas co. TWP. Rge. 32N 13W Unit If well produces oil or liquids, give location of tanks. yes  $\cdot D$ If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Res'v. Diff. Res'v. Workover Plug Back Gas Well New Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name at Producing Formation Top Oil/Gas Pay Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE TEST DATA AND REQUEST FOR ALLOWABLE

Old 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tonks Date of Test BEFFFE Choke Size Tubing Pressure Length of Test <del>JUN 2-8-1</del> Ggs - MCF Oil-Bitta. Actual Prod. During Test GAS WELL Curvity of Condensate Bbis. Condensate/MMCF Actual Prod. Test-MCF/D Longth of Test Cosing Pressure (Ebot-in) Choie Size Tubing Pressure (Shut-in) Testing Method (putot, back pr.) **DIL CONSERVATION DIVISION** I. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with BULE 1104, If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviation tests tries on the well in accommance with NULE 111.

Director, Production Services (Tille) June 26, 1984 (Dole)

All sections of this form must be filled out completely for allow able on new and recompleted walls. I'll out only bertions I. B. III, and VI for theners of owner all name or number, or transporter, or other such thange of condition

Separate 1 orms C-104 must be filed for each pool in multiple