	RECEIVED BY
	OCT 7 1985
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	Q. C. D. ARTESIA, OFFICE
	Revised 10-01-78
OIL CONSERVATION DIVISION	Format 06-01-83 Page 1
64NTA PE P. O. BOX 2088	· .
LAND OFFICE SANTA FE, NEW MEXICO 87501	
TRAMSPORTER OIL P	
REQUEST FOR ALLOWABLE	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
I. Courses	·
Quinoco Petroleum, Inc.	
Address	
3801 East Florida Ave. Denver, Colorado 80203 Reesen(s) for filing (Check proper box) Other (Please explain)	
New Well Change in Transporter of:	
Recompletion Cil Dry Gos	
Change in Ownership Casinghead Gas Condensate	
II. DESCRIPTION OF WELL AND LEASE Lesse Name Well Ne. Pool Name, Including Formation Catclaw Draw Unit 2 Catclaw Draw Unit 2	
Catciaw Draw Unit 2 Catciaw Draw Morrow State, Pole	ree
Unit Letter: Feet From The North Line and 1650 Feet From	The East Post ID-3
	10-11-85
Line of Section 23 Township 21S Range 25E , NMPM, Eddy	
	Checopy
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Nome of Authorized Transporter of Oll or Condensate Address (Give address to which appr	
Nome of Authorized Tjensporter of Oll or Condensate Address (Give address to which appr	oved copy of this form is to be sent; testa. NM 88210
Name of Authorized Transporter of Oll or Condensate Address (Give address to which appring the second seco	oved copy of this form is so be sens; tesia. NM 88210 oved copy of this form is so be sens;
Name of Authorized Transporter of Oll or Condensate (Authorized Condensate (Authorized Condensate (Authorized Condensate (Authorized Transporter of Casinghead Gas) P. 0. Drawer 175, Ar. Name of Authorized Transporter of Casinghead Gas or Dry Gas (Give address to which apprice address t	oved copy of this form is to be sent; tesia. NM 88210 oved copy of this form is to be sent; eston West. Va 235325 her
Name of Authorized Transporter of Oil or Condensate Address (Give address to which appring the produces of authorized Transporter of Casinghead Cas P. O. Drawer 175, Ar Name of Authorized Transporter of Casinghead Cas et Dry Casinghead Cas P. O. Drawer 175, Ar Name of Authorized Transporter of Casinghead Cas et Dry Casinghead Cas P. O. Drawer 175, Ar Cabot Corporation P. O. Box 1475 Charle If well produces off or liquida, Unit Sec. Twp. Rgs. Is gas ectually connected? W give learning of tenks. G 23 21 25 Yes Yes	oved copy of this form is to be sent; tesia. NM 88210 oved copy of this form is to be sent; eston West. Va 235325
Name of Authorized Transporter of Oil or Condensate T Address (Give address to which appring the produces of authorized Transporter of Casinghead Cas P. O. Drawer 175, Ar Name of Authorized Transporter of Casinghead Cas et Dry Gas T Address (Give address to which appring the produces of authorized Transporter of Casinghead Cas et Dry Gas T Cabot Corporation P. O. Box 1475 Charled If well produces off or liquida, give learning of tenks. G 23 21 25 Yes	oved copy of this form is to be sent; tesia. NM 88210 oved copy of this form is to be sent; eston West. Va 235325 her
Name of Authorized Transporter of Oil or Condensate T Address (Give address to which appring the produces of authorized Transporter of Casinghead Cas P. O. Drawer 175, Ar Name of Authorized Transporter of Casinghead Cas et Dry Gas T Address (Give address to which appring the produces of authorized Transporter of Casinghead Cas et Dry Gas T Cabot Corporation P. O. Box 1475 Charled If well produces off or liquida, give learning of tenks. G 23 21 25 Yes	oved copy of this form is to be sent; tesia. NM 88210 oved copy of this form is to be sent; eston West. Va 235325 her
Name of Authorized Transporter of Oil or Condensate R Address (Give address to which appring the condition of Condensate R Nawajo Crude Oil Purchasing Co. P. O. Drawer 175 Ar Name of Authorized Transporter of Casinghead Gas et Dry Ges R Cabot Corporation P. O. Box 1475 Charle If well produces off or liquids. Unit G 23 21 25 If this production is commingled with thet from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary.	oved copy of this form is to be sent; tesia. NM 88210 oved copy of this form is to be sent; eston West. Va 235325 hen 8-8-72
Name of Authorized Transporter of Oil or Condensation Address (Give address to which appring the condition of Condensation of Con	oved copy of this form is to be sent; tesia. NM 88210 oved copy of this form is to be sent; eston West. Va 235325 hen 8-8-72

and the second sec

1. R.I.	
(Signature)	_
Sr. Vice President, Operations	
(Tule)	

September 30, 1985

(Date)

APPROVED	061 0 1303	, 19
BY	Original Signed By	
TITLE	Mike Williams	
····	Oil & Gas inspector	· · · · · · · · · · · · · · · · · · ·

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 deviation 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 or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.