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Appropriate District Office

P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TÓ T	RANSPOR	RT OI	L AND NA	TURAL G				
Openior Quintana Petroleu				<b>NI NA</b> 0-045-27826					
P. O. Box 3331	Houston,	Tx. 77	253				······································	·····	
Reason(s) for Filing (Check proper box) New Well				Out	et (Please expl	2 <i>I</i> I)			
Recompletion	Oil	in Transporter  Dry Gas							
If change of operator give name MoV.	Casinghead Gas	Condensate	<u> </u>						
and address of previous operator MCKe	enzie Methar	ne Corp.	<u>, 191</u>	ll Main	Suite #2	<u>55, Dur</u>	ango, C	olo. 81	301
II. DESCRIPTION OF WELL AND LEASE									
Lease Name Angel Peak 9L  Well No. Pool Name, Including Formation Angel Peak 9L  Basin Fruitland Coal  Kind of Lease Struct Federal or Fee SF 077382									
Location Unit LetterL	2050	Feet From	The S	S Line	1270	E.	set From The	W	Lipe
Section 9 Townshi	27N	Range	10W			Juan	ex Floir The		County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form u to be sent)									eni)
Sunterra Gas Gatherin		<u></u>					eld, NM. 87413		
give location of tanks.	Unit Sec.   Twp.   Rge.   Is gas actually connected?   Wh.						7		
If this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool, give co	ommingi	ing order numb	per:				
Designate Type of Completion	- (X)	ell Gar	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/8/90	Date Compl. Ready to Prod.			Total Depth		P.B.T D.	1070		
Elevations (DF. RKB, RT, GR, etc.)	Name of Producing Formation			2020 Top Oil/Gas Pay			Tubing Dep	1970	
6081 GR Fruitland Coal				1680			1896		
1680-83, 1692-95	02, 1	806-10,	1910-27		Depth Casing Shoe 2019				
HOLE SIZE CASING & TUBING SIZE									
124	8 5/8", 24#			DEPTH SET 270			SACKS CEMENT		
7 7/8	$4\frac{1}{2}$ ", $11.6$ #			2019			365		
	2 3/8", 4.7#			1896			tbg.		
V. TEST DATA AND REQUES	T FOR ALLOY	VABLE					!		
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  Description  Producing Method (Flow, pump, set lift, etc.)								rs.j	
The same of the same		Producing Method (Flow, pump, gas lift, etc.)							
Length of Tem	Tubing Pressure .			Cuing Pressure			46) s.		
Actual Prod. During Test	Oil - Bbla.			Water - Bbls.			CECTT 4 1993		
GAS WELL	<u> </u>						<i>(</i> 2) 14	UII TI	73.3
Actual Prod. Test - MCF/D	Length of Toss			Bbia. Condensate/MMCF			Gravity of Congential		
Testing Method (puot, back pr.)	Tuber Development			p			170 D. 1. 17		
, aming the most (paid, book pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	· Tea Vi	
VL OPERATOR CERTIFIC.			Ξ		W 00N	050	71011	20.40.0	
I hereby cerufy that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.				Data Association in the second					
> /		Date Approved — 00T 1 4 1993							
Signature Steve Sandlin, Land Manager				By					
Printed Name  Title  (713) 651-8889				Title SUPERVISOR DISTRICT #3					
Date		<del></del>		<del></del>	· 1101 - F1				

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.