Appropriate Disting Office
P.O. Box 1980, Hoobs, NM 88240

State of New Mexico Energy, Minerals and Nanural Resources Department

Form C-104 Revised 1-1 x9 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe. New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator  |  |                 |         |                   |                                |                    | Well          | API Na                                |                       |             |  |
|---|--|-----------------|---------|-------------------|--------------------------------|--------------------|---------------|---------------------------------------|-----------------------|-------------|--|
| Quintana Petrole  | um Ser   | vices,          | Inc     | •                 |                                |                    | !             | 30                                    | -045-278              | 327         |  |
| Address   |  |                 |         |                   |                                |                    |               |                                       |                       |             |  |
| P. O. Box 3331  | Hou  | ston, T         | х.      | 77253             |                                |                    |               |                                       |                       |             |  |
| Reason(s) for Filing (Check proper box)   |  |                 |         |                   | Out                            | et (Please expi    | (امده         |                                       |                       |             |  |
| New Well  |  | Change in       |         |                   |                                |                    |               |                                       |                       |             |  |
| Recompletion  | Oil  |                 | Dry     | Gu 📙              |                                |                    |               |                                       |                       |             |  |
| Change in Operator  | Capagh   | rad Car 🔃       | Conc    | lensate           |                                |                    |               |                                       |                       |             |  |
| If change of operator give name and address of previous operator MC   | Kenzie   | Methan          | e C     | orp.,             | 1911 Mai                       | n #255             | Durar         | igo, Col                              | o. 8130               | 1           |  |
| II. DESCRIPTION OF WELL   | AND LF   | EASE            |         |                   |                                |                    |               |                                       |                       |             |  |
| Lease Name Angel Peak 16L   | Well No.   Pool Name, Included   Pool Name   Pool Name |                 |         |                   | ting Formation Coal Kind State |                    |               | Federal or Fee SF 077382              |                       |             |  |
| Location Unit LetterL   | . 1  | 450             | _       |                   | S                              | 790                | _             |                                       | W                     |             |  |
| 3.6   | - ·  | ·····           |         | From The _<br>10W |                                | e and<br>Sar       | F             | eet From The                          | <del></del>           | Line        |  |
| Section 16 Townshi  | ip 271   |                 | Rang    | ge TO!!           | , NI                           | мрм, Ваг           |               |                                       | <del></del>           | County      |  |
| III. DESIGNATION OF TRAN  | SPORT  |                 |         | ND NATU           |                                |                    |               |                                       |                       |             |  |
| Name of Authonzed Transponer of Ou  |  | or Conden       | (ale    |                   | Address (Giv                   | e adaress to wi    | Nich approved | i copy of this j                      | form is io be s       | eni)        |  |
| Name of Authorized Transporter of Casin   | ghead Gas  |                 | or D    | ry Case 🔀         | Address (Giv                   | ब व्यक्तस्था १० wi | uch approved  | copy of this f                        | form u io be s        | ent)        |  |
| El Paso Natural Gas   | S  | <del></del>     |         | ··                | P. O.                          | Box 4990           | ). Farm:      | ington,                               | N.M. 87               | 499         |  |
| If well produces oil or liquids,  | Unit   | Sec.            | Twp     | Rge               | ils gas actuall                | y connected?       | When          | ?                                     |                       |             |  |
| give location of tanks.   | <u> </u>   | 11              |         |                   | <del> </del>                   | No.                |               |                                       |                       |             |  |
| If this production is commungled with that IV. COMPLETION DATA  | from any or  | her lease or p  | xooi, g | give comming      | ling order numi                | ber:               |               | · · · · · · · · · · · · · · · · · · · | <del></del>           |             |  |
| Designate Type of Completion  | - (X)  | Oil Well        |         | Gas Well<br>X     | New Well                       | Workover           | Deepen        | Plug Back                             | Same Res'v            | Diff Resiv  |  |
| Date Spudded  | Date Con   | pl. Ready to    | Prud    |                   | Total Depun                    |                    | <b>L</b>      | P.B.T D.                              | <u> </u>              |             |  |
| 9/15/90   | 10/26/90   |                 |         |                   | 1924                           |                    |               | 1827                                  |                       |             |  |
| Elevations TDE, RKB, RT, CR, etc.)  | Name of Producing Formation  |                 |         |                   | Top Oil/Cas Pay                |                    |               | Tubing Depth                          |                       |             |  |
| 6001 GR   | Fruitland Coal   |                 |         |                   | 1598                           |                    |               | 1746                                  |                       |             |  |
| Perforations 1598–1604, 1630–48, 1662–72, 1674–7  |  |                 |         |                   | 3, 1685–8                      | 88, 1778-          | -94           | Depth Casing Shoe<br>1923             |                       |             |  |
|   |  | TUBING.         | CAS     | ING AND           | CEMENTI                        | NG RECOR           | D             | <u> </u>                              |                       |             |  |
| HOLE SIZE   | CASING & TUBING SIZE   |                 |         |                   | DEPTH SET                      |                    |               | SACKS CEMENT                          |                       |             |  |
| 12호   | 8 5/8", 24#  |                 |         |                   | 256'                           |                    |               | 200                                   |                       |             |  |
| 7 7/8   | $4\frac{1}{2}$ '', $11.6$ #  |                 |         | 1923 '<br>1746 '  |                                |                    | 425<br>tbg.   |                                       |                       |             |  |
| · · · · · · · · · · · · · · · · · · ·   | 2 3/8, 11.7#   |                 |         |                   |                                |                    |               |                                       |                       |             |  |
| V. TEST DATA AND REQUES   | ST FOR   | ALLOWA          | BLI     | <u></u> Ε         | <u> </u>                       |                    | <del></del>   | <del>!</del>                          | ·                     |             |  |
| OIL WELL Test must be after t   |  |                 |         |                   | i be equal to or               | exceed top allo    | mable for the | s depth or be                         | for full 24 hou       | vs.j        |  |
| Date First New Oil Run To Tank  | Deus of T  |                 | ,       | <del></del>       |                                | shod (Flow, pu     |               |                                       | , - , · - <sub></sub> |             |  |
| Length of Test  | Tubing Pressure  |                 |         |                   | Caung Pressure                 |                    |               | Choke Size                            |                       |             |  |
| Actual Prod. Duning Test  | Oil - Bbis.  |                 |         |                   | Water - Bbis.                  |                    |               | Gas- MCF                              |                       |             |  |
| GAS WELL  | 1  |                 |         | <del></del>       |                                |                    | <del></del>   |                                       | -                     |             |  |
| Actual Proc. Test - MCF/D   | Length of  | Test            |         | <del></del>       | Bhis. Conden                   | MMCF               |               | Crivin of C                           | Sedensie              |             |  |
|   | -  |                 |         |                   |                                |                    |               | 1                                     | / Liulia D            |             |  |
| Testung Method (pulot, back pr.)  | Tubing Pressure (Shui-in)  |                 |         |                   | Casing Pressure (Shut-in)      |                    |               | Choice Size                           |                       |             |  |
| VL OPERATOR CERTIFIC  | ATEO   | E COMP          | TA      | NCE               | 1                              |                    |               | · · · · · · · · · · · · · · · · · · · |                       | <del></del> |  |
|   |  |                 |         | INCE              |                                | DIL CON            | ISERV.        | ATION                                 | DIVISIO               | N           |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above |  |                 |         |                   | OCT 1 4 1993                   |                    |               |                                       |                       |             |  |
| is true and complete to the best of my knowledge and belief.  |  |                 |         |                   | D-4-                           | A                  |               | OUI I                                 | ェリブン                  |             |  |
|   | -  |                 |         |                   | Date                           | Approve            | <u> </u>      | <del></del> -                         | 1                     | <del></del> |  |
| - Sum - a   | By But   |                 |         |                   |                                |                    |               |                                       |                       |             |  |
| Steve Sandli  | By SUPERVISOR DISTRICT #3  |                 |         |                   |                                |                    |               |                                       |                       |             |  |
| Printed Name Title  |  |                 |         |                   | Title                          |                    | JUPEH         | IVISOR D                              | ISTRICT               | 13          |  |
| Dute 20 / 8 / 9 2   |  | (713)6<br>Telep |         |                   | 11110                          |                    |               |                                       |                       |             |  |

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.