

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator

Quinoco

Address:

P.O. Box 10800, Denver, CO 80210-0800

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 1	Well No./ Pool Name, including Formation 1 Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. USA NM10183
Location: Unit Letter: I 820 Feet From The East Line and 1525 Feet From The South Line of Section 1 Township 31N Range 13W, NMPM, San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) 4 Inverness Ct. East, Englewood, CO 80112-5509
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural	Address (Give address to which approved copy of this form is to be sent) Caller Service 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit: I Sec: 1 Twp: 31 Rge: 13	Is gas actually connected? When:

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deeper ☐ Plug Back ☐ Same Rest. ☐ Diff. Rest. ☐		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations H.F., R.R.B., A.T., G.H., 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

V. 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

APPROVED

BY

TITLE

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 deeper 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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter or other such change of conditions.

Supervisor District 3

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

1. Operator
Quinoco
Address
P.O. Box 10200, Denver, CO 80210-0800

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 1 Well No. 1 Pool Name, including Formation Basin Dakota Kind of Lease Federal Lease No. USA NM 10183
Location
Unit Letter I 820 Feet From The East Line and 1525 Feet From The South
Line of Section 1 Township 31N Range 13W, NMEM, San Juan 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)
Gary Energy Corporation 4 Inverness Ct. East, Englewood, CO 80112-5599
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Caller Service 4289, Farmington, NM 87499
Is well produces oil or liquids, give location of tanks. Unit 1 Sec. 1 Twp. 31 Rge. 13 Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest. Diff. Rest.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (D.F., F.A.B., RT, GR., etc.) Name of Producing Formation Test Oil Gas Water Tubing Depth
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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 Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL

Actual Prod. Test - MCF Length of Test Bbls. Condensate Gravity of Condensate
Testing Method (Shut, back pt) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
Operator

OIL CONSERVATION COMMISSION

APPROVED

By

TITLE

SUPERVISOR DISTRICT # 2

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 all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name of number of transporter or other such change of conditions.