ropriste Lesure TRICT I Box 1980, Hobbs, NM 88240

State of New Mexico) gy, Minerals and Natural Resources Departme

RECEIVED

ISTRICT II O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

APR 05'89

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQU	EST FO	R ALLOWAE	LE AND	AUTHORI	ZATION ,	o. Te	e.		
I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						API No.	+:CE		
Operator Quinoco Petroleum, I	nc. 🗸									
Address P.O. Box 378111, De	nver (1	8023	7							
Reason(s) for Filing (Check proper box)	iiver, a	0023	<u></u>	Othe	t (Please expl	ain)				
New Well		Change in Ti	ransporter of:	_	ffect	ine 3	11/99			
Recompletion	Oil	_ D	ry Gas 🔣		-70	·	, ,			
Change in Operator	Casinghead	l Gas 🔲 C	Condensate							
If change of operator give name and address or previous operator								-	<u>-</u>	
II. DESCRIPTION OF WELL	CRIPTION OF WELL AND LEASE					W:-A	of Lease No.			
Lease Name Catclaw Draw Unit		Well No. P	<u>-</u>	ame, Including Formation tclaw Draw Morrow			d of Lease No. Lease No.			
Location	465			_		1650				
G Unit Letter	::	P	ect From The	Line	and	1650 F	et From The	N	Line	
Section 23 Townshi	21S	R	ange 25E	, NI	ирм,	Eddy			County	
III. DESIGNATION OF TRAN	JCPADTEI	S OE UII	AND NATTI	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
l .	·				P.O. Box 159, Artesia, NM 88210					
Navajo Crude Purchasing Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas X				Address (Give address to which approved copy of this form is to be sent)						
	Quinoco Petroleum, Inc.						er, co			
If well produces oil or liquids,	Unit		wp. Rge.	Is gas actually connected? When					 :	
give location of tanks.		_	21S 25E	yes		Ctate	8/8/72	mlor #D	4001	
If this production is commingled with that IV. COMPLETION DATA	from any othe					,				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	L Ready to P	rod.	Total Depth			P.B.T.D.	-		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	1						Depth Casis	g Shoe		
		URING C	ASING AND	CEMENTI	NG RECOR	RD				
HOLE SIZE				DEPTH SET				SACKS CEMENT		
HOLE SIZE		CASING & TOBING SIZE						Pat ID-3 4-14-89		
							1			
								ing GT: CAB		
							<u> </u>			
V. TEST DATA AND REQUE	ST FOR A	LLOWAL	BLE	ha annal er i		laumbla for th	ia daseb L-	6m 6ill 24 b	1	
OIL WELL (Test must be after			ioaa oil and must	Producing Me	shod (Flow. n	ump, eas lift	etc.)	jor juli 44 NOU	re./	
Date First New Oil Run To Tank	Date of Tea	T.		, respecting 1410	(<i>: •••</i> , <i>p</i>		-			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
				<u> </u>			1			
GAS WELL				BCG 7-2-	POLA A DICE		Combo of	Condenses's		
Actual Prod. Test - MCF/D	Length of 7	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut-is	a)	Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC				(VSFRV	ATION	DIVISIO)N	
I hereby certify that the rules and regularities have been complied with and	lations of the	Oil Conserva mation given	tion above	`		40LI I V	, , , , , , , ,		/13	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved APR			7 1989		
A.M. 18	Mare	dem)		m	hol.	111			
Signature				By_	111	w W	1111	ann.	\prec	
Holly S. Richardson	Produ	ction T	echnician Title	Title	= <u>.</u>	HIREDVI.	OR DIST	מו יוניין ואיי	-	

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.

