Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
RECEIVE Fre Instructions
RECEIVE Representations

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe. New Mexico, 87504-2088

APR 21 '99

DISTRICT III		Santa	re, new me	SAICO 675C	P4-2000		AFR	-+ 03		
1000 Rio Brazos Rd., Aztec, NM 87410			ALLOWAB					D . ·		
I	T	O TRANS	SPORT OIL	AND NA	TURAL GA			A. OFFICE		
Operator	T					Well A		-207	· = 4	
Quinoco Petroleum	, Inc.	/				حم ا	0-013	-001	<u> </u>	
Address P.O. Box 378111, I	Denver	, co	80237							
Reason(s) for Filing (Check proper box)		<u>•</u>		Oth	er (Please expla	iin)				
New Well		Change in Tra	. 120							
Recompletion	Oil		y Gas							
Change in Operator	Casinghead	Gas Co	ndensate							
f change of operator give name and address of previous operator							 			
II. DESCRIPTION OF WELL A	AND LEA	SE								
Lease Name Catclaw Draw Unit			ol Name, Includir Catclaw I		rrow		Lease Federal of Fed	ν	=ase No. -704	
Location										
Unit LetterJ	.:	380 Fe	et From The	Lin	and	550 F⇔	et From The	E	Line	
Section 14 Township	21S	D.	nge 251	E N1	мрм.	Eddy			County	
Section 1 Township			inge	, , , , , , ,	*** ****	-				
III. DESIGNATION OF TRANS				RAL GAS			F-11-7			
Name of Authorized Transporter of Oil		or Condensate	X	Address (Giv	e address to wh Box 159	iich approved λrte	copy of thus f esia. N	ormisio bese IM 882	10	
Navajo Crude Purc			Dry Gas X		e address to wh					
Name of Authorized Transporter of Casing Gas Company of New			Diy Gas A							
If well produces oil or liquids,			vp. Rge.	P.O. Box 26400 Albuquerque NM 87125 Is gas actually connected? When?						
give location of tanks.	Jİ	14 2	1S 25E	Yes			2/14/7			
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or poo	l, give commingl	ing order num	ber: <u>Fec</u>	l & Sta			r -4081	
Designate Type of Completion	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		l. Ready to Pr	od.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			ation	Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations	L	·		<u> </u>			Depth Casia	ig Shoe		
							<u> </u>			
			ASING AND	CEMENTI			1	SACKS CEM	ENT	
HOLE SIZE	CAS	SING & TUBI	NG SIZE	 	DEPTH SET		Part ID-3			
							1 11	4-28-89		
							cha GT: RPI			
	 							7 ,		
V. TEST DATA AND REQUES	T FOR A	LLOWAR	LE					6 6 H 24 h		
OIL WELL (Test must be after r	ecovery of 10	tal volume of	load oil and must	be equal to o	r exceed top all	owable for the	s depth or be	for full 24 hou	<i>us.</i>)	
Date First New Oil Run To Tank	Date of Tes	st.		Producing M	lethod (Flow, p	ump, gas iyi,	zic.)			
	 			Casing Pressure			Choke Size			
Length of Test	Tubing Pre	ssure		Calling 1100						
Actual Prod. During Test	Prod During Test Oil - Bbls.			Water - Bbis.			Gas- MCF			
Actual Front During Foot	0 20						<u> </u>			
GAS WELL	<u> </u>									
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	nsate/MMCF		Gravity of	Gravity of Condensate		
							Charle 61	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			CHOKE SIZE			
	I ATTE OF	COMP	IANCE	- 						
VI. OPERATOR CERTIFIC	AILOF	· COMPL	LIAINCE		OIL COI	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regu Division have been complied with and	that the info	mation given	above					4000		
is true and complete to the best of my	Date Approved AP			PR 2 5	R 2 5 1989					
	·		,							
		der		∥ By.	Ori	ginal Sign Mike Will	ned By			
Holly S. Richard	lson P	roduct	ion Tech	.	<i>P</i>	Alke Mil	iems			
				11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(303)

Printed Name

Date

4/12/89

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

with Rule 111. 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Tiue

Telephone No.

850-6322

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.