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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

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

JUL 16 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, OFFICE

Operator Quinoco Petroleum, Inc. ✓		Well API No. 30-015-23295
Address P.O. Box 378111, Denver, CO 80237		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☒	Oil ☐	Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐	Condensate ☐
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Catclaw Draw Unit	Well No. 15	Pool Name, including Formation Catclaw Draw Morrow	Kind of Lease State, Federal or Fee	Lease No. NM 9543
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>S</u> Line and <u>660</u> Feet From The <u>W</u> Line Section <u>25</u> Township <u>21S</u> Range <u>25E</u> , NMPM, Eddy 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) P.O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) P.O. Box 378111, Denver, CO 80237					
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>25</u>	Twp. <u>21S</u>	Rge. <u>25E</u>	Is gas actually connected? Yes	When? <u>12/15/80</u>

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 Res'v	Diff Res'v
		☒		☒			☒	
Date Spudded started 5/15/90	Date Compl. Ready to Prod. 6/5/90	Total Depth 10,851'		P.B.T.D. 10,656'				
Elevations (DF, RKB, RT, GR, etc.) 3432.7' GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 10,544'		Tubing Depth 10,630'				
Perforations 5-1/2" CIBP set @ 10,691' w/35' cmt on top 10,544-47', 10,550-56', 10,600-603' w/2 JSPF				Depth Casing Shoe -				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
17-1/2"	13-3/8"	410'			950			
11"	8-5/8"	1,982'			1,535			
7-7/8"	5-1/2"	10,851'			620			

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 Tank	Date of Test 6/10/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
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 3401	Length of Test 1 hr.	Bbls. Condensate/MMCF 1	Gravity of Condensate -
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) -	Casing Pressure (Shut-in) -	Choke Size 18/64"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Holly S. Richardson
Signature
Holly S. Richardson Sr. Ops. Eng. Tech.
Printed Name
7/5/90
Date
(303) 850-6322
Telephone No.

OIL CONSERVATION DIVISION

JUL 30 1990

Date Approved

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.