Submit 5 Copies Appropriata District Office DISTRICT I	sume on ivew interactions "Tgy, Minerals and Natural Resources Departme						CEIVED	Form C-104 Reviewd 1-1-89 See Instructions at Bottom of Pare	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088					n Ap	r 05 '89	G	
DISTRICT III		Santa F	Fe, New Me	xico 87504	-2088	1	2. C. D.		
1000 Rio Brazos Rd., Aztec, NM \$7410				LE AND AU AND NATI		ZATION			
I. TO TRANSPORT OIL AND NATORAL GA						Well A	Well API No.		
Quinoco Petroleum, In	c. /		<u></u>				-015-2375	5	
Address P.O. Box 378111, Den	ver, co	80237			<u></u>				
Reason(s) for Filing (Check proper box)	0	ge in Trans	most of		(Please expla	uni Taina a a	3/1/29		
	Oll			Č	gue		-1-101		
Change in Operator	Casinghead Gas								
If change of operator give name					<u> </u>				
and address of previous operator									
II. DESCRIPTION OF WELL A Lesse Name Catclaw Draw Unit	Well 16		Name, Includin atclaw D	ng Formation raw Morro		Kind o State, J	Cleans	Lease No. K-4902	
Unit LatterE	<u>: 990</u>	Feet	From The	N Line (ad <u>23</u>	<u>10</u> Fe	st From The	NLine	
	04-	-	067		.	Eddy		County	
Section 13 Township	215	Ran	▶ <u>25E</u>	, NM	M , 1			county	
III. DESIGNATION OF TRAN	SPORTER O	F OIL A	ND NATU	RAL GAS					
Name of Authorized Transporter of Oil	C or C	ondensate		Address (Give		÷ -	copy of this form		
Navajo Crude Purchasi	ng Co.						<u>, NM 882</u>		
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Ouinoco Petroleum, Inc.				P.O. BO	Address (Give address to which approved copy of this form is to be sent) P.O. Box 378111, Denver, OD 80237				
If well produces oil or liquids, give location of tanks.	Unit Sec. F 13		1S 25E	is gas actually connected? When ? Yes 10/29/81					
If this production is commingled with that i	from any other les	se or pool,	give comming!	ing order numbe	r. Fed.	& State	Unit Ord	er #R-4081	
IV. COMPLETION DATA						·		· · · · · · · · · · · · · · · · · · ·	
		Well	Gas Well	New Well	Workover	Deepea	Plug Back S	ame Res'v Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Re	ady to Prod	<u> </u>	Total Depth		<u>I</u>	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pa	Top Oil/Gas Pay				
								Depth Casing Shoe	
Perforations									
	TIB	NG. CA	SING AND	CEMENTIN	G RECOR	Ð			
HOLE SIZE	TUBING, CASING AND C HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT	
nott ott								t Ep-3	
				 	•			4-14-89 Me FT: CAB	
							- che	<u>- <u>k</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u></u>	
V. TEST DATA AND REQUES	T FOR ALL	OWABI	E	<u> </u>			<u>~</u>	······	
OIL WELL (Test must be after r	ecovery of total w	olume of lo	ad oil and must	be equal to or e	acced top all	owable for thi	s depth or be for	full 24 hours.)	
Date First New Oil Run To Tank	Date of Test			Producing Met	hod (Flow, p	ump, gas lift, i	nc.)		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bols.			Gas- MCF		
	<u> </u>			<u> </u>					
GAS WELL	· · · · · · · · · · · · · · · · · · ·		<u>.</u>	Bbls. Condens	ate AMACE		Gravity of Co	odensate	
Actual Prod. Test - MCF/D	Length of Test			DOIS. COLOCES					
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)			Cating Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	CATE OF CO	OMPLI	ANCE			NSFRV		DIVISION	
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.					Date Approved APR 7 1989				
is true and complete to the bear of my									
Signature Holly S. Richardson		ion Te	chnician	By	-	Mike	I Signed E Williams	sy	
Printed Name		Ti		Title.				<u></u>	
3/1/89	(303)	<u>850–63</u> Telepho	522	11					

P

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 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.

