P. O. BO PILE P. O. BO U.S.O.S. SANTA FE, NEV LAND OFFICE OIL TRANSPORTER OIL OPERATOR A A	Form C-104 Revised 10-01-78 Format 06-01-83 Page 1 DX 2088 N MEXICO 87501 R ALLOWABLE ND PORT OIL AND NATURAL GAS
Quinoco Petroleum, Inc.	
Address 270111 Degree CO 20227	
P.O. Box 378111, Denver, CO 80237 Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
	ry Gas Indensate
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including F	ormation Kind of Lase Lease is
Catclaw Draw Unit 17 Catclaw Draw	v Morrow State K4902
Location	
Unit Letter B; 660 Feet From The NOVELL Lin	ne aid <u>1650</u> Feet From The <u>East</u>
Line of Section 14 Township 218 Range 25	DE , NMPM, Eddy Count
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	LGAS
Name of Authorized Transporter of Oll or Condensate	Address (Give address to which approved copy of this form is to be sent)
Marga Kalencia Ca	For 152 Police 7 10 38-10
Name of Authorized Transporter of Cosinghead Cas or Dry Gas 3	Address (Give address to which approved copy of this form is to be sent) 7120 I-40 West, Amarillo, TX 79106
Gas Co. of New Mexico Unit Sec. Twp. Rge.	First International Bldg., Ste 1800, Dallas, T. is gas actually connected? , When 75270
If well produces off or liquids, give location of tanks. B 14 218 25E	Yes July 14, 1982
If this production is commingled with that from any other lease or pool,	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of	APPROVED OCT 20 1986 19
my knowledge and belief.	ByOriginal Signed By
	TITLE
\mathcal{M} \mathbf{e} (\mathbf{e}, \mathbf{v})	This form is to be filed in compliance with BULE 1104.
Mary C. Crull	If this is a request for allowable for a newly dilled or despon
(Signatwe)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 131.
Productifon_Analyst (Fule)	All sections of this form must be filled out completely for all able on new and recompleted wells.
October 10, 1986	Fill out only Sections I. II. III. and VI for changes of the
(Date)	well name or number, or transporter, or other such change of condition
I	Separate Forms C-104 must be filed for each pool in multi; completed wells.

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