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Form C-104 Revised 10-01-78 Format 06-01-83

Page 1

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			,
SANTA PE			
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U.S.G.A.			
LAND OFFICE			
TRANSPORTER	OIL		
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OPERATOR			
PROBATION OFFICE			

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Constitute   Quinoco Petroleum, Inc.	OPERATOR OFFICE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Description of Well and Eastern   Description   De	} - • · · · · · · · · · · · · · · · · · ·							<del></del>	
P.O. Box 378111, Denver, CO 80237   Researcial for filling (Check proper bay)		/							
None Well   Change in Ownership give nerve and eddress of previous owner   Catchage in Ownership give nerve and eddress of previous owner   If change of ownership give nerve and eddress of previous owner   If change in Ownership give nerve and eddress of previous owner   If change in Ownership give nerve and eddress of previous owner   If change in Ownership give nerve   If change in O		. co 80	)237						
Company in Ownership give narms and defense of previous owner		, , , , , ,	,,	Othe	er (Please	e explain)			
Common to Conservable Commonates  If change of ownership give naces and editions of previous owner  If DESCRIPTION OF WELL AND LEASE  Lesses Name  Catclaw Draw Unit  17 Wolfordy  Well No. Pool Name, Including Formation  Catclaw Draw Unit  Locetien  Unit Letter  O C; 660  Feet From The NOTTH Line and 1650  Feet From The East  Line of Section  Unit Letter  Unit Letter  O C Condensate  Address (Give address to which approved copy of this form is to be sent)  NAC  Name of Authorised Transporter of Castneheed Gos or Dry Ges Extenses Address (Give address to which approved copy of this form is to be sent)  NAC  Name of Authorised Transporter of Castneheed Gos or Dry Ges Extenses (Give address to which approved copy of this form is to be sent)  NAC  Name of Authorised Transporter of Castneheed Gos or Dry Ges Extenses (Give address to which approved copy of this form is to be sent)  NAC  Name of Authorised Transporter of Castneheed Gos or Dry Ges Extenses (Give address to which approved copy of this form is to be sent)  NAC  Name of Authorised Transporter of Castneheed Gos or Dry Ges Extenses (Give address to which approved copy of this form is to be sent)  NAC  Name of Authorised Transporter of Castneheed Gos or Dry Ges Extenses (Give address to which approved copy of this form is to be sent)  NAC  Name of Authorised Transporter of Castneheed Gos or Dry Ges Extenses (Give address to which approved copy of this form is to be sent)  NAC  Name of Authorised Transporter of Castneheed Gos or Dry Ges Extenses (Give address to which approved copy of this form is to be sent)  NAC  Name of Authorised Transporter of Castneheed Gos or Dry Ges Extenses (Give address to which approved copy of this form is to be sent)  NAC  Name of Authorised Transporter of Castneheed Gos or Dry Ges Extenses (Give address to which approved copy of this form is to be sent)  P.O. Box 1869, Bloomfield, NM  If this production is commingled with the from any other lesses or pool, give commingling order number:  2-7-27  In CERTIFICATE OF COMPILANCE  Orig			· —	_		•	•		
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Well No. Peet Name   Well No. Peet Name   No.   Peet Name   No.   Peet Name   No.   Store, Federal    Location Draw Unit   17   Care   Orange   O			<b>──</b> ~~	'					
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Catclaw Draw Unit  17  Catclaw Draw  Woll No.  Catclaw Draw  Unit Letter  Getter  Catclaw Draw  Woll No.  Township  The North  Line and 1650  Feet From The East  Line at Section  14  Township  The DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorised Transporter of Oil Cancer Commence Catclaw  Name of Authorised Transporter of Consinguated Gas  Condensate Catclaw Draw  Address (Give address to which approved copy of this form is to be sent)  NAME  Name of Authorised Transporter of Consinguated Gas  Condensate Catclaw Draw  Address (Give address to which approved copy of this form is to be sent)  NAME  Name of Authorised Transporter of Consinguated Gas  Condensate Catclaw Draw  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1869, Bloomfield, NM  It well production is commingled with that from any other lesse or pool, give commingling order number:  Yes  VI. CERTIFICATE OF COMPLIANCE  In this production is commingled with that from any other lesse or pool, give commingling order number:  Yes  Original Signad Av  Lis. A. School  Original Signad Av  Lis. A. School  Title  This form is to be filed in compliance with RULE 1104,  APPROVED  All G 1 1 1987  Original Signad Av  Lis. A. School  Title  July 27, 1987  (Date)  (Date)  The form with on chart the information given is true and complete to the best of the deviation to the well, this less a request for allowable for a newly drilled out completely for allowable in and the didled out completely for allowable in multiply of the open on number, or transporters or other such change of condition.  Separate Forms C-104 must be filled for each pool in multiply.					<del></del>				
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Leave Name Catclaw Draw Unit  17    State   St	II DESCRIPTION OF WELL AND	IFACE						•	
Catclaw Draw Unit  Location  Location  Unit Letter  Of G. 660  Foot From The North  Line and 1650  Foot From The East  Line of Section 14  Township 21S  Range 25E  NMPM, Eddy  County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Coll or Condensete O  Address (Give address to which approved copy of this form is to be sent)  NACC  Name of Authorized Transporter of Cosinghood Cos or Dry Can Car  Sunterra  If well produces oil or liquids, unit seed. Twp. Rage. Is quas extually connected? when it well produces oil or liquids, unit seed. Twp. Rage. Is quas extually connected? when it was a commingled with that from any other lease or pool, give commingling order number:  VI. CERTIFICATE OF COMPLIANCE  Unit Seed. Twp. Rage. Is quas extually connected?  It 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 my knowledge and belief.  Oil CONSERVATION DIVISION  APPROVED  Alig 1 1 1987  Original Signal Av  105 A. Camp  TITLE  Superanties Division  APPROVED  Alige 1 1 1987  If this is a request for allowable for a newly drilled or desponded wells, this form must be accompanied by a tabulation of the deviation test taken on the well is accreatenee with NULE 1104.  All sections of this form must be accompanied by a tabulation of the deviation test taken on the well is accreatence with NULE 1104.  All sections of this form must be accompanied by a tabulation of the deviation test taken on the well is accreatence with NULE 1104.  Fill out only Sections 1. II. III, and VI for changes of conditions.  Fill out only Sections 2. II. III, and VI for changes of conditions are number, or transportes or other such change of conditions are number, or transportes or other such change of conditions.  Superanter Forms C-104 must be filed for each pool in multiply					-	Kind of Lease	Thorn	Lease No.	
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Line of Section 14 Township 21S Ronge 25E , NMPM, Eddy County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Cili				,		_	_		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Calinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be sent)   Name of Authorized Transporter of Casinghead Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be sent)   Sunterra	Unit Letter 0 6 : 600	Feet Fre	m The North Li	se and <u>1650</u>		Feet From The	iast		
Name of Autherssed Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  NRC  Name of Autherssed Transporter of Casinghead Ges or Dry Ges Address (Give address to which approved copy of this form is to be sent)  Sunterra  It well produces oil or liquids, qualify Sec. Twp. Rqc. give location of tents.  If this production is commingled with that from any other lease or pool, give commingling order number:  VI. 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 is true and complete to the best of my knowledge and belief.  Mary E. Earle (Signassiy)  Production Analyst  (Title)  July 27, 1987  (Date)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1869, Bloomfield, NM  Is que octually connected?  When  Yes  OIL CONSERVATION DIVISION  APPROVED  All 6 1 1 1987  Original Signad Av  Les A. Character  TITLE  Supervisor Division!  This form is to be filed in compliance with RULE 1104.  If this is a request for about the deviation of the form must be filled out completely for allowable on a new and recompleted wells.  Fill out or subset, or transporter or other such change of conditions.  Separate Forms C-104 must be filed f	Line of Section 14 Town	•hip 21	S Range	25E	, NMPM	• Eddy		County	
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Sunterra  P.O. Box 1869, Bloomfield, NM  If well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  P.O. Box 1869, Bloomfield, NM  Is gas actually connected?  When  Yes  In this production is commingled with that from any other lease or pool, give commingling order number:  P.O. Box 1869, Bloomfield, NM  Is gas actually connected?  When  Yes  Is gas actually connected?  When  Yes  In this production is commingled with that from any other lease or pool, give commingling order number:  P.O. Box 1869, Bloomfield, NM  Is gas actually connected?  When  Yes  Is gas actually connected?  When  Yes  In this production of tanks.  It this form and regulation of the complete to the best of the complete with and that the information given is true and complete to the best of the complete with and that the information given is true and complete to the best of the complete with and that the information given is true and complete to the best of the complete with and that the information given is true and complete to the best of the complete with and that the information given is true and complete to the best of the complete with and that the information given is true and complete to the best of the complete well. This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened wells, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened wells.  If this is a request for allowable for a newly drilled or deepened wells.  If this is a request for allowable for a newly drilled or deepened wells.  If this is a request for allowable for a newly drilled or deepened wells.  If this is a request for allowable for a newly drilled or deepened wells.  If this is a request for allowable for a newly drilled or deepened wells.  If this is a request for al	NRC		74					·	
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If this production is commingled with that from any other lease or pool, give commingling order number:  8-7-87  NOTE: Complete Parts IV and V on reverse side if necessary.  VI. 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 is true and complete to the best of my knowledge and belief.  Mary E. Earle Production Analyst  (Signature)  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of convert, with name or number:  8-7-87  OIL CONSERVATION DIVISION  APPROVED  Original Signard by  10-3  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-3  10-4  10-		Inte See	Two ! Bee						
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