

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Quinoco Petroleum, Inc.	Well API No. 30-015-25806
Address P.O. Box 378111, Denver, CO 80237	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Queen Lake 36 State Com	Well No. 1	Pool Name, Including Formation Culebra Bluff Bone Springs	Kind of Lease (State, Federal or Fee)	Lease No. LG-5998
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line Section 36 Township 24S Range 28E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Oil Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 36	Twp. 24S	Rge. 28E	Is gas actually connected? Yes	When? 7/8/88

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <i>Started</i> 4/2/90	Date Compl. Ready to Prod. 4/19/90	Total Depth 13,650'	P.B.T.D. <i>Post FD-2</i> 11,840' <i>5-11-90</i>					
Elevations (DF, RKB, RT, GR, etc.) 2,925' GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8,802'	Tubing Depth <i>P &amp; A H2O.</i> 8,700' <i>comp. BS</i>					
Perforations 8,802-5'; 8,808-17'; 8,818-38' w/2 JSPF, CIBP @ 11,870' w/30' cmt on top			Depth Casing Shoe -					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8"	568'	600					
12-1/4"	9-5/8"	2,680'	1,475					
8-3/4"	7"	10,538'	700					
6-1/8"	5-1/2" liner	12,470', TOL: 10,013'	400					

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 4/19/90	Date of Test 4/22/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 500#	Casing Pressure SI 1550#	Choke Size 11/64"
Actual Prod. During Test	Oil - Bbls. 167	Water - Bbls. 54	Gas - MCF 200

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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  
4/30/90 (303) 850-6322  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 7 1990**

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.