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Appropriate District Office
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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

FEB 12 '90

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Quinoco Petroleum, Inc. ✓		Well API No. 30-015-25829
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: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>4/22/90</u> UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Queen Lake 20 Federal	Well No. 1	Pool Name, Including Formation <u>Und. Bone Springs</u>	Kind of Lease State <u>Federal</u> or Fee	Lease No. NM 17224
Location				
Unit Letter <u>E</u> : <u>1750</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line				
Section <u>20</u> Township <u>24S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> 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"/>	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1320, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>20</u>
	Tw. <u>24</u>	Rge. <u>29</u>
	Is gas actually connected? <u>No - WOPL</u> When? <u>2-22-90</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
						<input checked="" type="checkbox"/>		
Date Spudded 10/9/89	Date Compl. Ready to Prod. 10/19/89		Total Depth 12,390'		P.B.T.D. 9,715'			
Elevations (DF, RKB, RT, GR, etc.) 2958' GR, 2979.5' KB	Name of Producing Formation Und. Bone Springs		Top Oil/Gas Pay 8,966'		Tubing Depth 8,923'			
Perforations 8,966 - 88' w/2 SPF 0.5" OD holes (44 totals shots)					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 - 1/2"	11 - 3/4"		577'		1567 sx <u>Post ID-2</u>			
10 - 5/8"	8 - 5/8"		2758'		880 sx <u>2-23-90</u>			
7 - 7/8"	5 - 1/2"		11268'		1050 sx <u>comp BS</u>			

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 10/19/89	Date of Test 10/20/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 7	Tubing Pressure 50#	Casing Pressure 800#	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 40	Water - Bbls. 0	Gas- MCF 146

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
2/7/90 (303)850-6322
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 16 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.