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Appropriate Dusing Office P.O. Box 1980, Hoobs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.					BLE AND						
Quintana Petroleum Services, Inc.						Well API Na 30-045-27747					
Address P. O. Box 3331	. 33 010 21111										
Reason(s) for Filing (Check proper bo	Housto			7253	Ou	nes (Please esp	iain)				
New Well		Change in	Transp	orter of:		•					
Recompleuon	Oil		Dry G	u \square							
Change in Operator X	Casinghead	IGas 🗌	Conde	354							
If change of operator give name and address of previous operator Mo	cKenzie Me	ethane	Cor	p.,191	1 Main ≠	²⁵⁵ Dur	cango, C	Colo. 81	.301		
II. DESCRIPTION OF WEL	L AND LEA	SE									
Lease Name	Well No. Pool Name, Include							of Lease No.			
Angel Peak 14H	5 Basin Fr				uitland Coal Sume.			Federal or Fee SF 077329			
Unit Letter II	:175	55	Feel Fr	oon The	N Lie	e and <u>104</u>	15 F	set From The	E	Line	
Section 14 Town	uship 27N		Range	10W	, , N	mpm San	Juan			County	
III. DESIGNATION OF TRA	A NCPADTE) OF O	IT ANI	די אנא די	IDAI CAC						
Name of Authorized Transporter of Ot	NASFURIER	or Coadea		U NAIL		e address to w	hich approved	copy of this	form is to be s	ient)	
		<u></u>									
Name of Authorized Transporter of Ca El Paso Natural Gas	anghead Gas or Dry Gas 🔀			Address (Giv	. Box 49	90 Farm	copy of this form is to be sent) ington, NM 87401				
If well produces oil or liquids, give location of tanks.	Uout .	Sec.	Twp	Rge	is gas actuali	-	When	?			
If this production is commingled with the IV. COMPLETION DATA	nat from any other	r lease or p	oool, giv	e comming	No.						
Designate Type of Completic	on - (X)	Oil Well	0	ias Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Resiv	
Date Spudded	Date Compl.	-	Prod	-7	Total Depth	!	1	P.B.T D.	1	_1	
8/27/90		10/17/90				2117			2069		
Elevations (DF, RKB, RT, GR, etc.) 6150 GR	Fruitl	Name of Producing Formation Fruitland Coal				Top Oil/Gas Psy 1790			Tubing Depth 1945		
Feriorations 1790–93, 1798–1801, 1895–1915, 1920–23 1941–44, 2004–24					, 1929–33			Depth Caung Shoe 2117			
	π	JBING.	CASIN	IG AND	CEMENTI	NG RECOR	D				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
$12\frac{1}{2}$	8 5/8	8 5/8'', 24#			2531			1	175		
7 7/8	4½''.					2117' 1945'			375		
	2 3/8								tbg		
V. TEST DATA AND REQU	EST FOR AL	LOWA	BLE		1			<u>!</u>			
OIL WELL Test must be after	recovery of loss	l volume o	flood o	il and musi	be equal to or	exceed top allo	mable for this	depth or be	for full 24 how	ر دس	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, pas lyft, etc.)						
Length of Test	Tubing Press	Tubing Pressure				Casing Pressure					
Actual Prod. During Test	Oil - Bbla.	Oil - Bbls.			Water - Bols.			GANGE			
GAS WELL	1	.			<u> </u>			0	CT1 41	993	
ACUAL Prod. Test - MCF/D	Length of Te	<u>st</u>			Bbls. Conden	MMCF		Craying \$4 C	opoen sale .		
esting Method (puot, back pr.)	Tuhing Press	Tubing Pressure (Sout-in)									
	Luning Fress	me (2004-1	41)		Casing Pressu	re (Shut⊣a)		Choice Size			
VL OPERATOR CERTIFI	CATE OF (COMPI	LAN	CE							
I hereby certify that the rules and reg Division have been complied with an	nulations of the O	il Conserva	ulion			DIL CON	SERVA	ATION	DIVISIO	N	
is true and complete to the best of m		belief.			Date	Approved	0	CT 14	1993		
Signature Steve Sandlin, Land Manager					By						
Printed Name			Title		Title		SUPERV	ISOR DI	STRICT	12	
Date Date	(71	3) 65. Telepi	1-888		11110					<u>. T</u>	

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.