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Appropriate District Office
P.O. Box 1960, 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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Quintana Petroleum Services, Inc.	Well API No.	30-045-28246
Address	P. O. Box 3331 Houston, Tx. 77253		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
New Well	<input type="checkbox"/> Change in Transporter of:		
Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	<input type="checkbox"/>
Change in Operator	<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	<input type="checkbox"/>
If change of operator give name and address of previous operator	McKenzie Methane Corp., 1911 Main #255 Durango, Colo. 81301		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Angel Peak 14L	Well No.	6	Pool Name, Including Formation	Basin Fruitland Coal	Kind of Lease	State, <u>Federal</u> or Fee	Lease No.	SF077329
Location	Unit Letter <u>L</u> : <u>1835</u> Feet From The <u>S</u> Line and <u>640</u> Feet From The <u>W</u> Line								
Section	<u>14</u>	Township	<u>27N</u>	Range	<u>10W</u>	NMPM, San Juan			County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas		P. O. Box 4990, Farmington, NM. 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	2-1-91
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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-24-90	12-13-90		2130'		2082'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6200' GR	Fruitland Coal		1810		1967'			
Perforations	1810-14, 1824-27, 1900-19, 1922-28, 1944-47, 2018-46				Depth Casing Shoe			
				2129'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8, 24#		250' GL		200			
7-7/8	4-1/2", 11.6#		2129 KB		455			
	2-3/8, 4.7		1967'		N/A			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Signature Steve Sandlin Land Manager
Printed Name Steve Sandlin Title (713) 651-8889
Date 10/18/93 Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 14 1993

By [Signature]
Title SUPERVISOR DISTRICT 13

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.