

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator McKenzie Methane Corporation		Well API No. 30-045-28246
Address 1625 Broadway, Ste 2580, Denver Colorado 80202		
Reason(s) for Filing (Check proper box) New Well ☐ ☐ Other (Please explain) Recompletion ☐ Change in Transporter of: Change in Operator ☒ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐		
If change of operator give name and address of previous operator Quintana Petroleum Services, 601 Jefferson Street Cullen Center, Houston TX 77253		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Angel Peak 14L	Well No. 6	Pool Name, Including Formation Basin FT Coal.	Kind of Lease State ☒ Federal ☐ or Fee	Lease No. SF-077329
Location Unit Letter L : 1835	Feet From The S Line and 640 Feet From The W Line			
Section 14	Township 27 North	Range 10 West	County San Juan	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	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)			
El Paso Natural Gas Company	P.O. Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
If this production is commingled with that from any other lease or pool, give commingling order number:		Is gas actually connected? Yes When? 3/14/91		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND CEMENTING RECORD		DEPTH SET		SACKS CEMENT			
	CASING & TUBING SIZE							

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost 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 (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.

Signature **Frank W. Nessinger**
Printed Name **Frank W. Nessinger, Vice President**
Date **12/23/93** Title **(303) 629-6699**
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 27 1993**

By **Brian J. Chang**
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-101 must be filed for each pool in multiply completed wells.