

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

OIL CONSERVATION DIVISION

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 **McKenzie Methane Corporation** Well API No. **30-045-28394**

Address **1625 Broadway, Ste 2580, Denver Colorado 80202** *14433*

Reason(s) for Filing (Check proper box)

New Well Other (Please explain)

Recompletion

Change in Operator Change in Transporter of:

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 24H** Well No. **14** Pool Name, including Formation **Basin FT Coal** Kind of Lease **State** Lease No. **SF-077952**

Location **H** **1695** Feet From The **N** Line and **925** Feet From The **E** Line

Section **24** Township **27 North** Range **10 West** **NMPM** **San Juan** County

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)

Sunterra Gas Gathering Company **P.O. Box 26400 Albuquerque, NM 87125**

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge.

If gas actually connected? **Yes** When? **11/6/91**

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 Rec'v	Diff Rec'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 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 _____

Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MCF/D _____ Gravity of Condensate _____

Testing Method (pitot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____

Clouke 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.

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

OIL CONSERVATION DIVISION

Date Approved **DEC 27 1993**

By *Brian D. Duff*
Signature
SUPERVISOR DISTRICT #3
Title

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1101
- 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.