

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	
SANTA FE	
FILE	
NO. 10	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PERMITS OFFICE	

Operator: **QUINOCO PETROLEUM, INC.**

Address: **3801 E. FLORIDA AVENUE, PO BOX 10800, DENVER, COLORADO 80210-0800**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: **TENNECO OIL COMPANY, P. O. Box 2511, Houston, Texas 77001**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>FEDERAL</b>	Well No. <b>2A</b>	Pool Name, including Formation <b>BLANCO MESAVERDE</b>	Kind of Lease State, Federal or For Fee	Lease No <b>SRM1278</b>
Location				
Unit Letter <b>P</b>	<b>1190</b> Feet From The <b>SOUTH</b> Line and <b>800</b> Feet From The <b>EAST</b>			
Line of Section <b>3</b>	Township <b>31 N</b>	Range <b>7W</b>	County <b>SAN JUAN</b>	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Northwest Pipeline Corporation</b>	<b>PO BOX 1526, SALT LAKE CITY, UT 84111</b>
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)
<b>NORTHWEST PIPELINE CORPORATION</b>	<b>PO BOX 1526, SALT LAKE CITY, UT 84111</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<b>yes 2-3-78</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - <b>(X)</b>	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, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe				

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of liquid and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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 (Shot-in)	Casing Pressure (Shot-in)	Choke Size

**VI. 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.

*Anne M. Hockey*  
ANNE HOCKEY, DIRECTOR, PRODUCTION SERVICES  
JUNE 7, 1984

**OIL CONSERVATION DIVISION**

APPROVED: *Frank J. [Signature]* JUN 28 1984  
BY: \_\_\_\_\_  
TITLE: SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated hole taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allow-  
able, recompletion, and recompleted wells.  
This form is to be filed in compliance with RULE 1104 for change of owner-  
ship, recompletion, or transporter of oil and natural gas.  
Form OCS-1104 must be filed for each pool in multiple  
wells.