

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

QUINOCO PETROLEUM, INC.

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

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Coalinghead Gas ☐ Condensate ☐

Other (Please explain)

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 STATE	Well No. 3	Pool Name, Including Formation S. Los Pinos Fr PC	Kind of Lease State, Federal or Fee STATE	Lease No. LG3876
Location				
Unit Letter 1	: 1600	Feet From The SOUTH	Line and 950	Feet From The EAST
Line of Section 2	Township 31N	Range 7W	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 Coalinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
NORTHWEST PIPELINE CORPORATION	PO BOX 1526, SALT LAKE CITY, UTAH 84111
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When yes 5-15-78

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

IV. COMPLETION DATA

Designate Type of Completion - ☒	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restv.	Diff. Restv.
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 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 Tanks	Date of Test	Producing Method (Flow, Pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

OIL CON. DIV.
DIST. 3

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

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.

DIRECTOR, PRODUCTION SERVICES

JUNE 7, 1984

OIL CONSERVATION DIVISION

APPROVED JUN 28 1984, 19

BY SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a new, shallow or deeper well, the operator must submit a separate application for the same.

All data must be submitted in duplicate, one to the District Office and one to the State Office.

The operator must submit a copy of this form to the District Office and one to the State Office.

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