SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

File		
U.S.G.S.		
Land Office		
Transporter	Oil	
	Gas	
Operator		
Proration Office		

I.

Operator: QUINOCO PETROLEUM, INC.

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

Reason(s) for filing (Check proper box)

- New Well ☐
- Recompletion ☐
- Change in Ownership ☒ (XX)
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead 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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
FEDERAL	4	S. Los Pinos Fr PC	FEDERAL	29-2874

Location: Unit Letter P : 1124 Feet From The SOUTH Line and 564 Feet From The EAST

Line of Section 3 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)
[redacted]	[redacted]
Name of Authorized Transporter of Casinghead 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	8-3-78

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

IV. COMPLETION DATA

Designate Type of Completion – (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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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OIL CON. DIV.
DIST. 3

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	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.**

Choke Size | Gas-MCF

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DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-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.

[illegible]

..., PRODUCTION SERVICES

..., 1984

OIL CONSERVATION DIVISION

APPROVED JUN 28 1984, 19

BY [signature]

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104. [illegible]