

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-67

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator Quinoco
Address P.O. Box 10800, Denver, CO 80210-0800
Reason(s) for filing (Check proper box) Other (Please explain)
New Well? ☐ Change in Transporter of:
Recompletion: ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No./ Pool Name, including Formation	Kind of Lease	Lease No.
<u>F. Montoya 27</u>	<u>1</u> <u>Blanco Mesa Verde</u>	<u>State, Federal or Fee</u> <u>Fee</u>	
Location			
Unit Letter: <u>P</u>	<u>790</u> Feet From The <u>East</u> Line and <u>790</u> Feet From The <u>South</u>		
Line of Section <u>27</u>	Township <u>32N</u>	Range <u>13W</u>	NMPM, <u>San Juan</u> 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)
<u>Gary Energy Corporation</u>	<u>4 Inverness Ct. East, Englewood, CO 80112-559</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural</u>	<u>Caller Service 4289, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>27</u> Twp. <u>32</u> Rge. <u>13</u>

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.	Diff. Res.
<u>(X)</u>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, R&B, RT, GK, 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, 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 (Flow, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

APPROVED

BY

TITLE

OIL CONSERVATION COMMISSION

SUPERVISOR DISTRICT

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter, or other such change of conditions.

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

I. Operator: Quinoco
Address: P.O. Box 10800, Denver, CO 80210-0800
Reason(s) for filing (Check proper box) Other (Please explain):
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name: F. Montoya 27 Well No.: 1 Pool Name, including Formation: Basin Dakota Kind of Lease: State, Federal or Fee Fee: Lease No.:
Location:
Unit Letter: P 790 Feet From The East Line and 790 Feet From The South
Line of Section: 27 Township: 32N Range: 13W, 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): 4 Inverness Ct. East, Englewood, CO 80112 5591
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent): Caller Service 4289, Farmington, NM 87499
El Paso Natural
If well produces oil or liquids, give location of tanks: Unit P Sec. 27 Twp. 32 Rng. 13 Is gas actually connected? When:

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't. ☐ Diff. Res't.
Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:
Elevations (DF, RKB, RT, GH, 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, 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/MCF: Gravity of Condensate:
Testing Method (Spool, bore flow): 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Katherine M. [Signature]
SUPERVISOR DISTRICT 2
APPROVED: Frank J. [Signature]
BY:
TITLE:
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 tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.