

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED BY  
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Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Quanico Oil & Gas, Inc.

Address: 1710 North Union # 7, Roswell, NM 88201

Reason(s) for filing (Check proper box):

New Well  
 Recompletion  
 Change in Ownership

Change in Transporter of:

Oil  
 Casinghead Gas  
 Dry Gas  
 Condensate

Other (Please explain):  
**CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 6-2-85  
UNLESS AN EXCEPTION TO  
RULE 306 IS OBTAINED**

If change of ownership give name and address of previous owner: \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Latham State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Brown-Queen-Grayburg</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>V-1361</u>
Location				
Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>25</u> Township <u>10-south</u> Range <u>26-east</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refinery</u>	Address (Give address to which approved copy of this form is to be sent) <u>B.O. Box 159 Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<u>P</u>   <u>25</u>   <u>10-S</u>   <u>26-E</u>   <input checked="" type="checkbox"/>   <u>(Signature)</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

Douglas K. Alb  
(Signature)  
Vice-President  
(Title)  
3-21-85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED APR 2 1985, 19\_\_\_\_\_  
BY Leslie A. Clements  
TITLE Supervisor District II

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 deviation 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 condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

**IV. COMPLETION DATA**

<b>Designate Type of Completion - (X)</b>		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v. X	Diff. Res'v.
<b>Date Spudded</b> Re-spud 2-26-85	<b>Date Compl. Ready to Prod.</b> 3-16-85		<b>Total Depth</b> 1,111'			<b>P.B.T.D.</b> 930'			
<b>Elevations (DF, RKB, RT, GR, etc.)</b> 3705' GR.	<b>Name of Producing Formation</b> Brown-Queen-Grayburg		<b>Top Oil/Gas Pay</b> 826'			<b>Tubing Depth</b> 839'			
<b>Perforations</b> 826' to 836' and 910' to 920'						<b>Depth Casing Shoe</b> 1,110'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
<b>HOLE SIZE</b>		<b>CASING &amp; TUBING SIZE</b>		<b>DEPTH SET</b>			<b>SACKS CEMENT</b>		
12"		8 5/8"-24#		262'			125 sacks		
8" to 906', 6" to T.D.		4 1/2"-9.5#		1110'			125 sacks		
4 1/2"		2 3/8"-4.6#		839'					

**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)

<b>Date First New Oil Run To Tanks</b> 3-13-85	<b>Date of Test</b> 3-16-85	<b>Producing Method (Flow, pump, gas lift, etc.)</b> Flowing		
<b>Length of Test</b> 24 hrs.	<b>Tubing Pressure</b> 90#	<b>Casing Pressure</b> 125#	<b>Choke Size</b> 20/64"	
<b>Actual Prod. During Test</b> 3 barrells	<b>Oil - Bbls.</b> 3	<b>Water - Bbls.</b> 0	<b>Gas - MCF</b> 120	

*GOR 40,000:1*

**GAS WELL**

<b>Actual Prod. Test - MCF/D</b>	<b>Length of Test</b>	<b>Bbls. Condensate/MMCF</b>	<b>Gravity of Condensate</b>
<b>Testing Method (pilot, back pr.)</b>	<b>Tubing Pressure (Shut-in)</b>	<b>Casing Pressure (Shut-in)</b>	<b>Choke Size</b>