NO. OF COP ES REC	EIVED	i	
DISTRIBUTI	1	T	
SANTA FE	1		
FILE			
U.S.G.S.		1	1
LAND OFFICE			<del>                                     </del>
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARI F

Form C-104

FILE	AND			Supersedes Old C-104 and C Effective 1-1-65		
U.S.G.S.	AUTHOR	IZATION TO TR	ANSPORT OIL AND	NATHRAL		-
				MAIDINAL	<b>GA3</b>	
TRANSPORTER GAS	11					
OPERATOR						
PRORATION OFFICE						
1						
Quinoco Petroleum	i, Inc.			·		
4582 S. Ulster Pl	wy., Suite 1700	, Denver, Col	lorado 80237			
Reason(s) for filing (Check pro	per box)	, , , , , , , , , , , , , , , , , , , ,	Other (Plea	se explain)		
New Well	Change in Tr	consporter of:	Quinoc	o acquire	d from Enex Reso	urces
Recompletion Change in Ownership XX	Oil	Dry Go	🖙 🔲 Corpor	ation eff	ective April 1	9, 1990
	Casinghead (					
If change of ownership give a and address of previous ownership.	eme Enex Resource	ces Corporati	ion, 3 Kinawood	P1#20	O Kingwood TV	77339
The second of provides own				7 1 3 11 20	o, kingwood, ix	77339
DESCRIPTION OF WELL Lease Name						
State 32 Com	Well No. Po	ol Name, Including F		Kind of Leas		Lease No.
Location		Baum (Upper	Penn)	State, Federa	or Fee State	Above
Unit Letter ;	1980	he North Lin	660		Mont	
omt Letter;	Feet From T	heLin	ne and	Feet From	The West	
Line of Section 32	Township 13S	Range 3	3E , NMP	м, Lea		<b>~</b> 1
			· · · · · · · · · · · · · · · · · · ·			County
DESIGNATION OF TRANS Name of Authorized Transporter	PORTER OF OIL AN	D NATURAL GA	ıs	· · · · · · · · · · · · · · · · · · ·		
Enron Oil Trading		ensate	Address (Give address	to which appro	ved copy of this form is to	be sent)
Name of Authorized Transporter	of Casinghead Gas (X)	or Dry Gas	P. O. Box 118	38 Housto	on, TX 77521  ved copy of this form is to	<del></del>
Warren Petroleum		u. p., ous	Box 1589, Tu			be sent)
If well produces oil or liquids,	Unit Sec.	Twp. Ege.	Is gas actually connec	ted? Who		
ive location of tanks.	<u>E</u> 32	13S 33E	Yes	į	10/5/80	
this production is commingl	ed with that from any ot	ther lease or pool,	give commingling orde	r number:	· · · · · · · · · · · · · · · · · · ·	
OMPLETION DATA	OII W					
Designate Type of Com	pletion = (X)	i Gus weii	New Well Workover	Deepen	Plug Back   Same Res	v. Diff. Rest
ate Spudded	Date Compl. Read	y to Prod.	Total Depth		P.B.T.D.	<u>!</u>
		,	l com Depart		P.B. 1.D.	
evations (DF, RKB, RT, GR,	Name of Producing	Formation	Top Oil/Gas Pay		Tubing Depth	
eriorations					Depth Casing Shoe	
· · · · · · · · · · · · · · · · · · ·	TIIDI	NC CASING AND	CPUPUPUP DECA			
HOLE SIZE		UBING SIZE	CEMENTING RECOR		T	
		DEPTH		ET SACKS CEMENT		NT
					<del> </del>	
EST DATA AND REQUES IL WELL	T FOR ALLOWABLE		ter recovery of total volu	me of load oil a	and must be equal to or exc	eed top allow
te First New Oil Run To Tank	Date of Test	able for this dep	oth or be for full 24 hours Producing Method (Flow			
			. read and method (1 tha	, pump, gus tij	, etc.,	
ength of Test	Tubing Pressure		Casing Pressure		Choke Size	
ctual Prod. During Test	Oil-Bhia.		Water - Bbls.		Gas-MCF	
AS WELL			•			
ctual Prod. Test-MCF/D	Length of Test	<del></del>	Phile Condenses Co.			
	2011		Bbls. Condensate/MMCF		Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (#	but-in )	Casing Pressure (Shut-in)		Choke Size	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Chore Size	
RTIFICATE OF COMPL	ANCE		OIL C	ONSERVA	TION COMMISSION	
				MAY		
ereby certify that the rules	and regulations of the O	il Conservation	APPROVED		3 1990	)
mmission have been compli ove is true and complete to	ed with and that the i	formation diver II	BYORIG	inal signi	SUCCESSION SEXTON	
•		-	V I	DISTRICT I	AOSIVAZEUS	
010	. 11 .	ii.	TITLE	<del></del>	·	
Lacin Facel	otto		This form is to	be filed in co	ompliance with RULE 1	104.
my rice	Signature)		If this is a requ	est for allows	ble for a newly drilled	or deepened
TAN SAMOON"	g-: <del></del>		well, this form must	De accompani Vell in accord	ied by a tabulation of the ance with RULE 111.	ne deviation
11/1/2	(सिंह <u>)</u>	<del></del> [	All sections of	this form must	be filled out completel	iy for allow-
# 1 / T / L / L	rura /\	11	able on new and see	amalakad mali	i.a.	

Fifl out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.