EIVED	:					
DISTRIBUTION						
SALTA FE						
FILE						
U.E.G.S.						
LAND OFFICE						
OIL						
G A S						
OPERATOR						
	OIL	OIL				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C+104
Supersedes Old C+104 and C-11

	HEE		AND Effective 1-1-						
	U.E.G.S.		AUTHORIZA	TION TO TE	RANSPORT OIL AND	NATURA	L GAS		
	TRANSPORTER CIL								
	G A S								
	PRORATION OFFICE								
1.	Operator Operator								
	Quinoco Petrole	um, Inc.							
	Address	Dhana C		D 0		 		. ————	
	4582 S. Uslter Pkwy., Suite 1700, Denver, Colorado 80237 Reason(s) for filing (Check proper box)								
	New Well Change in Transporter of: Other (Please explain) Quinoco acquired from Enex Resource								
	Dry Gas Corporation effective April 19 1996								
	Change in Ownership XX	-	Casinghead Gas	Cone	ensate []			•	
	If change of ownership give and address of previous own	nømeEnex	Resources	Corn Th	ree Kingwood Dl	C.,	200 4:	77000	
	and address of previous own	er		оогр., тп	ree Killywood Pi	., surte	ZUU, Kingwood, IX	77339	
11.	DESCRIPTION OF WELL AND LEASE Lease Name								
	State 30 Com		Well No. Pool N	· ·		Kind of Le	i	_ease (c.	
•	Location		J D	aum (Uppe	r Penn)	State, Fed	eral or Fee State	Above	
	Unit Letter 0	660	Feet From The	South	.ne.gra 1980		m The East		
	Line of Section 30		_			reet ric	om The	· 	
	Line of Section 30	Townsh	_{1p} 13S	Range	33E , NMF	м, Lea		County	
III.	DESIGNATION OF TRAN	SPORTER	OF OIL AND	NATURAL C	AS				
	Name of Authorized Transporter of Oil AND NATURAL GAS Name of Authorized Transporter of Oil AND or Condensate Address (Give address to which approved copy of this form is it is continued.)								
	Enron Oil Tradin	g & Trai	nsportation		P. O. Box 11	38 Hous	ton, TX 77521	r	
	Name of Authorized Transporte Warren Petroleum	r of Casingh	ead Gas XXI or I	Dry Gas	Address (Give addres)	to which app	proved copy of this form is it	1850	
		Un.	tt Sec. T	wp. Ege.	Box 1589 Tu				
	If well produces oil or liquids, give location of tanks.	•		13S 33E	ves	itea?	When 5/7/81		
	If this production is comming	led with th	at from any other	lease or noo!			3///01	-	
IV.	COMPLETION DATA					er number:			
	Designate Type of Con	pletion -	(X)	Gas Well	New Well Workover	Deepen	Plug Back Same her .	July Segt	
	Date Spudged	Dat	e Compl. Ready to	Prod.	Total Derth	<u> </u>	F.B.T.D.		
			•				F.B. 1 . 2 .		
	Elevations (DF, RKB, RT, GR,	etc., Nar	ne of Producing Fo	rmation	Top Di./Gas Pay		Tubing Depth		
İ	Perforations								
							Depth Casing Since		
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE		CASING & TUE		DEPTHS		SACKS CEME!		
-									
-									
		- 							
v.	TEST DATA AND REQUE	ST FOR A	LLOWABLE	(Test must be a	ifter tecovery of total vol	ume of land o	il and must be equal to or exce	· 	
-	OIL WELL Date First New Cil Run To Tan			able for this d	epin of be for full 24 hour	s)		10 tr 6 1 t o w	
1	Date First New Ci. Mun 10 Tan	k B Date	e ci Test		Producing Method (Flo	u, pump, gas	lifi, etc.)	~	
+	Length of Test	Tub	ing Pressure		Casing Pressure		Chore Size		
			•		0.000		Chore Size		
	Actua, Pred. During Test	011-	Bols.	-	Note: - Bals.		Gas - MOF		
	GAS WELL								
٦	Actual Prod. Test-MCF/D	Lend	th of Test		I Eba Casis and Business				
		20			Ebis. Condensate/MMC	F	Gravity of Concensate		
	Testing Method (pitot, back pr.)	Tubi	ng Pressure (Shut	:-in)	Cosing Pressure (Shut	-in)	Choke Size		
L						•			
Ί. (CERTIFICATE OF COMPI	LIANCE			OIL	CONSERV	ATION COMMISSION		
					1)	MA	/ × 3 1990		
	hereby certify that the rules commission have been complete.	nd that the infor	DRIGINAL SIGNED BY JERRY SEXTON BY DISTRICT I SUPERVISOR TITLE						
	bove is true and complete	of my knowledg							
		C 20 AA							
	C								
_	raig Za	dlif	Iller		This form is to be filed in compliance with RULE 111. If this is a request for allowable for a newly drilled of decoration				
	Engineer	(Signature)			well, this form must be accompanied by a tabulation of the c vinital				
_	msmon	(Title)		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out complet:			tion #llou-		
	HMISS.	1991)			able on new and re	completed w	vells.		
-	11/000)	(Date)			Fill out only well name or number	Sections I,	II. III, and VI for changer rter, or other such change of	of owner,	
	•					pv			