

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

DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Quana Petroleum, Inc.
Address 4835 LBJ Freeway, Suite 525 Dallas, Tex 75234
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: ☒ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☐ Casinghead Gas ☐
Other (Please explain) 500 Bbl Testing Allowable

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Elliott Federal</u>	Well No. <u>11</u>	Pool Name, Including Formation <u>Wanta - ABO</u>	Kind of Lease <u>Federal</u>	Lease No. <u>265525</u>
Location <u>North</u>				
Unit Letter <u>E</u>	: <u>2310</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>West</u>			
Line of Section <u>9</u>	Township <u>21 S</u>	Range <u>38 E</u>	NMPM, <u>Lea</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>J.M. Petroleum Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>1020 American Bank Tower</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Setti Oil & Natural Gas Plant Operations</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3000 Tulsa OK 74107 Attn: C.F.G.</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>9</u> Twp. <u>21 S</u> Rge. <u>38 E</u>	Is gas actually connected? <u>NO</u> When _____

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

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

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 (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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.

A. Mraz (Signature)
Area Production Superintendent (Title)
3-30-81 (Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
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 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 multiple recompleted wells.