

Submit 5 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240
 DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210
 DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
 Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page
 C19
 LTR
 C19

RECEIVED
 JAN 13 1992
 O. C. D.
 ARTESIA OFFICE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator MW Petroleum Corporation Well API No. 30-015-23202
 Address 1700 Lincoln St., Suite 1900, Denver, Co. 80203
 Reason(s) for Filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate
 If change of operator give name and address of previous operator Amoco Production Company, P.O. Box 591, Tulsa, OK 74102

II. DESCRIPTION OF WELL AND LEASE
 Lease Name State IC Com Well No. 1 Pool Name, including Formation Mosley Canyon Strawn Kind of Lease State Federal or Fee Lease No. LG-5417
 Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line
 Section 7 Township 24-S Range 25-E, NMPM, Eddy 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) P.O. Box 1183 Houston, Tx. 77251-1183
 Name of Authorized Transporter of Casinghead Gas or Dry Gas 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 C Sec. 7 Twp. 24 Rge. 25 Is gas actually connected? Yes 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'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

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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)
 Length of Test Tubing Pressure Casing Pressure Choke Size 1-17-92
 Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF 6 kg OP

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

VI. OPERATOR 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.
 Signature Barbara A. Ellis Operations Clerk
 Printed Name Barbara A. Ellis Title
 Date 1-6-92 Telephone No. (713) 953-5300

OIL CONSERVATION DIVISION
 Date Approved JAN 15 1992
 By ORIGINAL SIGNED BY
MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 2) All sections of this form must be filled out for allowable on new and recompleted wells.
 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 4) Separate Form C-104 must be filed for each pool in multiply completed wells.