

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Operator MW PETROLEUM CORPORATION | Well API No. 30-039-24318 |
| Address 1700 LINCOLN, SUITE 900, DENVER, CO 80203 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator AMOCO PRODUCTION CO., P.O. BOX 800, DENVER, CO 80201 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------|----------------------|----------------------|
| Lease Name Badland Flats Fed | Well No. 1 | Pool Name, Including Formation Undesignated Mancos Fed | Kind of Lease Fed | Lease No. NM58134 |
| Location Unit Letter E : 2000' Feet From The N Line and 790' Feet From The W Line Section 3 Township 23N Range 1W, NMPM, Rio Arriba County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Gary Energy Corp | P.O. Box 159, Bloomfield, NM 87413 |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Nat. Gas Co. | Callen Service 4990, Farmington, NM 87449 |
| If well produces oil or liquids, give location of tanks. | Unit Soc. Twp. Rge. Is gas actually connected? 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) | | | |
| 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 OCT 11 1991 |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF OIL CON DIST 3 |

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
LAURIE S. WEST Assistant Secretary
Printed Name
10-9-91 303-837-5000
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 11 1991
By Frank J. [Signature]
Title

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.