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

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

•	10	INANSPOR							
perator	.•		Well AP	I No.	20	020 2/210			
MW Petroleum C	orporation	. <u>.</u>			30	-039-24318		`	
ddress 1700 LINCOLN,	SUITE 1900	DENVER CO	80203-	4519		MEC	EIVE		
eason(s) for Filing (Check proper		<u> </u>		other (Please	e explain)	M		The state of the s	
ew Well	Change ju Tra:	nsporter of:	ٔ لیا	ouler (Fleas	е схрівін)	UU	<b>1</b> 1994	to desti-	
ecompletion Oil	Dry G		Effective	Effective 01-01-94			JAN1 01994		
hange in Operator   Casi				OIL CO	OIL CON. DIV.				
change of operator give name				. –		, Dr	ŠT. 3		
d address of previous operator	A CTT	W. Plust	a Chic	311.+1					
DESCRIPTION OF WELL AND LE	Weil No.	Pool Name, Includi			Kind of Lea	<del>56</del>	Lease No. Agri	eement	
Badland Flats Federal	1	Undesignated N	-		State, Fede	)	NM 58	3134	
ocation									
Unit Letter E	<u> 2000</u>	Feet From The	N Line a	ind <u>79</u>	<b>0</b> Fo	eet From The	W	Line	
	•	~~~					_	ounty	
Section 3 Township 23N			, NMPM, Ric	Arriba		· · · · · · · · · · · · · · · · · · ·			
I. DESIGNATION OF TRANSPORT			Address (Gi	ve address t	o which app	roved copy of this	s form to be sen	t)	
Name of Authorized Transporter of Giant Refining	Address (Give address to which approved copy of this form to be sent)  P. O. Box 256, Farmington, NM 87499								
Vame of Authorized Transporter o	Address (Give address to which approved copy of this form to be sent)								
El Paso Natural	Gas POD#					gton, NM 8	37401	····	
f well produces oil or liquids,	Is gas actua	illy connecte	ed?	When ?					
rive location of tanks.			1				<u> </u>		
this production is commingled wi	th that from any oth	ner lease or pool, give	e comminglin	g order nun	nber:	· · · · · · · · · · · · · · · · · · ·			
, WMPLEHUN DATA	Oil W	ell Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	(X)	<u> </u>	1	l	l 1	! 		_t	
Date Spudded	Date Compl. Ready	Total Depth			P.B.T.D.	P.B.T.D.			
levations(DF,RKB,RT,GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations	Depth Casi	Depth Casing Shoe							
CHOLAHOIS							·		
		TUBING, CASING	AND CEMEN	TTING RECO	ORD				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET				SACKS CEMENT		
							· · · · · · · · · · · · · · · · · · ·		
			1						
V. TEST DATA AND REQUEST FO	R ALLOWABLE				··				
OIL WELL (Test must be after rec	overy of total volume	e of load oil and mus					be full 24 hour	<u>s.)</u>	
Date First New Oil Run to Tank Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
	T. Line Decree		Casing Property			Choke Size	Choke Size		
Length of Test	Tubing Pressure		Casing Pressure			CHOKE SIZE	GHORE SIZE		
Actual Prod. During Test	st Oil - Bbls.		Water - Bbls.			Gas-MCF	Gas-MCF		
Ü									
GAS WELL			Tarr			Tour to	Condenses		
Actual Prod. Test-MCR/D	Length of Test		Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Siz	Choke Size		
	TE OF COMMIT	ANICE	<del></del>	011	CONC	EDVATIO	N DIVISI	ON	
VI. OPERATOR CERTIFICA I hereby certify that the rules and Division have been complied with is true and complete to the best)				ERVATIO JAN	TO 1998				
is true and complete to the best of	in his knowledge and	. ochci.		Date A	pproved	·	A		
Signature	J. 7.		-	Ву		3.11	d		
JoAnn Smith									
Printed Name	Tit			Title		SUPERVISO	OR DISTRIC	7 63	
12 15 03	(°a	803) 837-5000							

Date

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.