Submit 5 Copies Appropriate District Office DISTRICT I P.O.Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

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

DISTRICT III 1000 RIO Brazos Rd, Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I			HANSPUR							1		
Operator MW Petroleum Corporation Well API No.												
Address R W F N												
1700 121100121, 001111 1711												
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Other (Please explain) JAN1 0 1994												
												
									OIL CON. DIV			
Change in a parameter						DIST						
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL AND LE	ASE								 			
Lease Name						luding Formation Kind of Lease State Federal			Lease No. Agreement			
acumu i puase ilia e e e					lup-Dakota, West State Federal			Fee 124 TR#221				
Location Unit Letter L :: 1850 Feet From The S Line and 790 Feet From The W Line												
Section 23 Township 25N Range 4W, NMPM, Rio Arriba County												
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form to be sent)												
Name of Authorized Transporter of Oil 2 of Conditional C								L L				
Giant Refining Name of Authorized Transporter of Casinghead Gas ■ or Dry Gas □						P. O. Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form to be sent)						
			or Dry Gas L				Bloomfield					
Gas Company of New Mexico If well produces oil or liquids, Unit Sec. Twp. Rge.						ily connecte		When ?	-			
give location of tanks.	i	i										
If this production is commingled with that from any other lease or pool, give commingling order number:												
IV. COMPLETION DATA						Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	1	Oil Well	Gas Well	New \	well	Workover	Deepen		Jame Res V	1		
Date Spudded	Date Compl. Reεdy to Prod.				Total Depth			P.B.T.D.				
Elevations(DF,RKB,RT,GR, etc.) Name of Produc ng Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD												
HOLE CIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
HOLE SIZE	CASING & TOBING SIZE			DIN 111 OB1								
V. TEST DATA AND REQUEST FO	R ALLOWABI	E ual ima af	load oil and mu	et ha en	nt len	or exceed to	on allowable for	this depth or	be full 24 hours	.)		
OIL WELL (Test must be after recovery of total volume of load oil and mus					Producing Method (Flow, pump, gas lift, etc.)							
Date First New Oil Run to Tank	Date of Test											
Length of Test	Tubing Pressure			Casin	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Wate	r - Bbl	s.		Gas-MCF				
GAS WELL	<u> </u>											
Actual Prod. Test-MCR/D	MCR/D Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure: (Shut-in)			Casir	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 benef. Signature JoAnn Smith Engineering Tech Title OIL CONSERVATION DIVISION Date Approved By SUPERVISOR DISTRICT 13												
Signature						Ву	bick). The	-{			
JoAnn Smith Engineering Tech					SUPERVISOR DISTRICT #3							
Printed Name Title						Title						
12-15-93		(303) 837-5000	—								
Da te					U							

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.