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

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

| | T | O TRANSPOR | LOIF | AND NA | TURAL GAS | | | |
|---|---------------------|----------------------------------|--|--|------------------------|---------------------------------------|-----------------------|--|
| perator | | | We | I API No. | | | | |
| MW Petroleum Co | orporation | | | | | | | |
| idress | | | | | I a | 5 E 6 | EINE RI | |
| 1700 LINCOLN, S | SUTTE 1900 | DENVER, CO | 8020 | 3-4519 | | n Eu | EIVE | |
| eason(s) for Filing (Check proper t | | ransporter of: | | Other (Pleas | e explain) | u Tand | 0 1994 | |
| | Dry | | Effe | ective 01-01-94 | | | | |
| Recompletion — — — — — — — — — — — — — — — — — — — | | | | OIL <u>C</u> | | | ON. DIV | |
| Change in Operator Cashightate South Land | | | | | | | | |
| change of operator give name d address of previous operator | | | | | | | | |
| DESCRIPTION OF WELL AND LEA | ASE | | | | Kind of Lease | · · · · · · · · · · · · · · · · · · · | Lease No. Agreement | |
| ease Name | Well No. | Pool Name, Incl Lindrith Gall | | | State, Federal or | | 124 TR#221 | |
| acarilla Apache Tribal | 124 4 | Lindrith Gail | up-Da | KULA, WEST | | | 121 2200 | |
| ocation Unit LetterJ | : : <u>16</u> | 50 Feet From The | S | _ Line and | 1850 Fee | t From The _ | E Line | |
| Section 23 Township | 25N | Range 4W | , NM | PM, Rio | Arrib <u>a</u> | | County | |
| I. DESIGNATION OF TRANSPORT | ER OF OIL AND I | ATURAL GAS | | (0) | to which approved | copy of this | form to be sent) | |
| Name of Authorized Transporter of Oil or Concensate Address (Give address to which approved copy of this form to be seen and the concensate P. O. Don 256 Framework N.M. 97400 | | | | | | | | |
| Giant Refining | | | | P. O. Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form to be sent) | | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas Gas Company of New Mexico Address (Give address to which approved copy of this form to be sent) P. O. Box 1899, Bloomfield, NM 87413 | | | | | | | | |
| Gas Company of if well produces oil or liquids, | Unit | | Is gas | actually connect | ed? | When ? | | |
| if well produces oil or liquids, | | | | | | <u> </u> | | |
| this production is commingled with | th that from any | other lease or pool, give | commi | ingling order nu | mber: | | | |
| V. COMPLETION DATA | | | New W | | | Plug Back | Same Res'v Diff Res'v | |
| | | 'Well Gas Well | MGM A | VOI NOI NOI NOI NOI NOI NOI NOI NOI NOI N | beepen | 1 | | |
| Designate Type of Completion - | Date Compl. Read | v to Prod | Total I | Depth | 1 | P.B.T.D. | | |
| Date Spudded | Date Compi. Read | Ly to From. | | | | | | |
| Elevations(DF,RKB,RT,GR, etc.) Name of Producing Formation | | | Top Oil/Gas Pay | | Tubing Depth | | | |
| | | | 1 | | Depth Casing Shoe | | | |
| Perforations | | | | | | | | |
| | | TUBING, CASING | AND C | EMENTING REC | ORD | , | | |
| HOLE SIZE | TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| | | | | | | | | |
| | | · | | | | | | |
| | | | | | | | | |
| | D ALLOWARIE | | <u>. </u> | | | | | |
| V. TEST DATA AND REQUEST FOOIL WELL (Test must be after reco | overy of total volu | me of load oil and mus | t be eq | ual to or exceed | top allowable for | this depth or | be full 24 hours.) | |
| Date First New Oil Run to Tank | | | Produ | cing Method (F) | ow, pump, gas lift, | etc.) | | |
| Length of Test | Tubing Pressure | | Casin | Casing Pressure | | Choke Size | | |
| | | | Water - Bbls. | | Gas-MCF | | | |
| Actual Prod. During Test | Oil - Bbls. | | water | - DUIS. | | | | |
| | L | | ـــــــ | | | | | |
| Actual Prod. Test-MCR/D | Length of Test | | Bbls. | Condensate/MM | ICF | Gravity-of | Condensate | |
| ACIUAI FIOU. ICSCINCIO D | | | | | • | <u> </u> | | |
| Testing Method (pilot, back pr.) | Tubing Pressure | (Shut-in) | Casin | g Pressure (Shu | t-in) | Choke Size | : | |
| VI. OPERATOR CERTIFICA | | LIANCE | 1 | اال | CONSE | VATIO | N DIVISION | |
| I hereby certify that the rules and Division have been complied with is true and complete to the best of | regulations of th | e Oil Conservation | | | IAI. | 10 1994 | 1 | |
| Division have been complied with is true and complete to the best 9 | f my knowledge | and belief. | | Date | Approved | | | |
| | Ja Ju | 7 | _ | | • • | \mathcal{A} | | |
| Signature | | | By | Bil. Chang | | | | |
| JoAnn Smith | Engineering Tech | _ | T | SUPERVIS | SUPERVISOR DISTRICT #3 | | | |
| Printed Name | Title | | Title | | | | | |
| 12-15-93 | | (303) 837-5000 | _ | | | | | |
| Date | | | | i | | | | |

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.