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

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

DISTRICT III 1000 RIO Brazos Rd, Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION PANERORT OIL AND NATURAL GAS

I	<u>T</u>	O TRANSPO			TUNAL GA				
Operator Well API No.									
MW Petroleum C	Corporation								
Address 1700 LINCOLN,		, DENVER, CO	802			D & C			
Reason(s) for Filing (Check proper box) New Well Check proper box Check proper bo									
Change in Transporter of: Recompletion Oil Dry Gas Effective 01-01-94 Second Oil Dry Gas Dry									
Change in Operator Casinghead Condensate Condensate									
f change of operator give name									
and address of previous operator							<u> </u>	<u> </u>	
II. DESCRIPTION OF WELL AND LE Lease Name	Well No.	Pool Name, I	ncluding	Formation	Kind of Lease		Lease No. Agre	ement	
Jacarilla Apache Tribal	1	•		akota, West	or Fee	125 TR	#222		
Location							_		
Unit LetterJ	_: : <u>17</u> 0	65 Feet From Th	e <u>S</u>	Line and	1690 I	Feet From The _	E	Line	
06	OFN	_ 41	IAT ST	umu Dia	Arriba			County	
Section 26 Township	25N		W , м	virm, KIO	varing	-			
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 or Condensate Giant Refining				P. O. Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas 🛭 or Dry Gas 🛘				Address (Give address to which approved copy of this form to be sent)					
Gas Company of New Mexico				P. O. Box 1899, Bloomfield, NM 87413 Is gas actually connected? When?					
If well produces oil or liquids, give location of tanks.	Unit	sec. Iwp. Rge. 	. Is gar	actually connec	ccu.				
If this production is commingled with that from any other lease or pool, give commingling order number:									
IV. COMPLETION DATA						Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Well Gas Well	New '		r Deepen	<u> </u>	Same Res v		
Date Spudded	Date Compl. Ready to Prod.			Depth	P.B.T.D.	P.B.T.D.			
Elevations(DF,RKB,RT,GR, etc.) Name of Producing Formation				oil/Gas Pay	Tubing Dept	Tubing Depth			
Perforations					Depth Casin	Depth Casing Shoe			
- Crostatorio									
				AND CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACAS CENTEN I		
V. TEST DATA AND REQUEST FO	OR ALLOWABLE	me of load oil and m	user ha a	ual to or exceed	top allowable fo	or this depth or b	oe full 24 hours	.)	
OIL WEIL (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			g Pressure	Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.			er - Bbls.	Gas-MCF	Gas-MCF			
CACHETT	<u> </u>					1			
Actual Prod. Test-MCR/D	Test-MCR/D Length of Test			Condensate/MM	Gravity of C	Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			ng Pressure (Shu	Choke Size	Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with any that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Date Approved Date Approved								NC	
	Joseph C	7				ਰਜ਼ਜ਼-13-0-	(JJT		
JoAnn Smith Engineering Tech				By					
Printed Name Title				Title Suprement No.					
12-15-93		(303) 837-5000			- ਹੁਦਾ ਨ	MARSON DIS	SHIGT #8	9	
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.