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

1.	<u> </u>	O IIIAI	13701	TI OIL	AND NA	TOTAL GA				
Operator Well API No. MW Petroleum Corporation										
Address										
Reason(s) for Filing (Check proper box)								CE V		
New Well Change in Transporter of:										
Recompletion Oil Dry Gas Fffective 01-01-94										
Change in Operator Casinghead Condensate										
If change of operator give name								OIL CON. D		
and address of previous operator										
II. DESCRIPTION OF WELL AND I	cluding Formation Kind of Lease			Lease No. Agreement						
Jacarilla Apache Triba	1 1 2 5 7		llup-Dakota, West State, Federal o							
Location Unit Letter H : 1750 Feet From The N Line and 660 Feet From The E Line										
Costina 35 Township	: 25N	Done	. 414	J MATON	Dia	Arriba			County	
Section CO Township 2014 Italize IVV , Nini W, Italian Italia										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil SS or Condensate □ Address (Give address to which approved copy of this form to be sent)										
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 o			l Dee			<u>Bloomfield</u>		413		
If well produces oil or liquids, give location of tanks.	Unit S	Sec. Twp.	. Rge.	is gas actu	ally connect	ear	When ?			
If this production is commingled w	rith that from any o	ther lease or	nool. give	e commingli	ng order nur	nber:				
IV. COMPLETION DATA				· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
Designate Type of Completion	Oil v	Vell Gas	s 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										
	T *		AND CEMENTING RECORD			T				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	<u></u>									
-						7-1		· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUEST FO		a of land all		t ha aqual to		on allamable for e	dela danah an b	- 6-11 04 h		
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run to Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
bate Thise New On Run to Tunk			Troubling Method (Trow, pump, Xas int, etc.)							
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas-MCF			
GAS WELL	L.,						<u> </u>			
Actual Prod. Test-MCR/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 ODED ATON CERTIFICA	TE OF COMMU	ANICE		1		CONCEC	VATION	DNACIO		
VI. OPERATOR CERTIFICA I hereby certify that the rules and Division have been complied with		OIL CONSERVATION DIVISION								
I hereby certify that the rules and Division have been complied with is true and complete to the best of		Date Approved JAN 10.1994								
Signature					By 3 d					
JoAnn Smith	Er	_								
Printed Name	···				Title	SUPERVIS	OR DISTR	ict /3		
12-15-93 (303) 837-5000										
Date	i			il		-				

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.