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

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

OIL CONSERVATION DIVISION

DISTRICT III 1000 RIO Brazos Rd, Aztec, NM 87410

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

1.			•••								
Operator  MW Petroleum Corporation  Well API No.											
Address											
1700 LINCOLN, SUITE 1900, DENVER, CO 80203-4519											
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:											
Change in Transporter of:  Recompletion Oil Dry Gas Effective 01-01-94  Change in Transporter of:  Becompletion Oil Dry Gas Effective 01-01-94								**************************************			
Change in Operator Cas		OIL CON DIA									
Change in Operator Casinghead Condensate OIL CON DIV.  If change of operator give name ODIST. 3											
and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Incl.				g Forma	ition	Kind of Lease	Lease No. Agreement				
Jacarilla Apache Tribal					lup-Dakota, West State, Federal o			Fee JIC 124			
Location Unit Letter M	_: : <u>990</u>	Feet From The	<u>_S</u>	Lir	ne and	<b>990</b> Fee	t From The _	w	Line		
Section 13 Township 25N Range 4W NMPM, Rio Arriba County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate											
Giant Refining				P. O. Box 256, Farmington, NM 87499  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						
If well produces oil or liquids,	Unit   Sec	.   Twp.   Rge.			lly connecte		When ?				
give location of tanks.											
If this production is commingled w IV. COMPLETION DATA	rith that from any other	er lease or pool, giv	e com	minglin	g order nun	aber:					
	Oil We	II Gas Well	New	Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	<del></del>	o Prod	Total	Danek	<u> </u>	<u> </u>	DRTD	<u> </u>	1		
Date Spudded Date Compl. Ready to Prod.			total	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				
	TUBING, CASING										
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
		· · · · · · · · · · · · · · · · · · ·	-	-				<del> </del>			
			1								
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be full 24 hours.)											
					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas-MCF				
GAS WELL											
Actual Prod. Test-MCR/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Goodensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			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 belief.  OIL CONSERVATION DIVISION  JAN 10 1994  Date Approved								N			
Signature				By Bins. Chang							
JoAnn Smith	Engineering Tech			SUPERVIS			SOR DISTRICT #9				
rinted Name Title 12-15-93 (303) 837-5000					Title		<u> </u>				
12-15-93 Date	(30	<u> </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.