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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	IU IKA	MOPUH	II OIL AND NA	TURAL GAS	<i>_</i>	
Operator Well API No.						
MW Petroleum Corporation						
Address P R R R R R R R R R R R R R R R R R R						
1700 LINCOLN,	SUITE 1900, DENV	ER, CO	80203-4519	10) E G	CIVE
Reason(s) for Filing (Check proper box) Other (Please explain)						
New Well	Change in Transporter	of:			TANT	0 1994
Recompletion Oil	Dry Gas]	Effective 01-01-94			
Change in Operator Casinghead Condensate OIL CON. DIV						
f change of operator give name DIST. 3						
and address of previous operator						
II. DESCRIPTION OF WELL AND L		***		Tan i a		
Lease Name	1 1	•	luding Formation	Kind of Lease	1	Lease No. Agreement
Jacarilla Apache Tribal	124 6 Lin	drith Gall	lup-Dakota, West	State, Federal or	ree	124 TR#221
Location						~
Unit Letter B : 800 Feet From The N Line and 1720 Feet From The E Line						
Country						
Section 24 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 Address (Give address to which approved copy of this form to be sent)						
Giant Refining		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	f New Mexico		P. O. Box 1899			413
If well produces oil or liquids,	Unit Sec. Tw	p. Rge.	Is gas actually connecte	ed?	When ?	
give location of tanks.			<u> </u>		<u> </u>	
If this production is commingled w	ith that from any other lease	or pool, give	e commingling order num	nber:	-	
IV. COMPLETION DATA	Oil Well G	as Well	New Well Workover	Deepen	Plug Back	Same Res'v Diff Res'v
Designate Type of Completion	1	as Well	New Well Wolkover	Lecter	I lug Duck	
			Total Depth		P.B.T.D.	<u> </u>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		1.0.1.0.	
CI (DE DIG DE CD)	Name of Producing Formatio		Top Oil/Gas Pay		Tubing Dept	h
Elevations(DF,RKB,RT,GR, etc.) Name of Producing Formation			Top Oil Gas Fay			
					Depth Casing Shoe	
Perforations					Берат Савии,	5 0.100
TUBING, CASING AND CEMENTING RECORD						
WOLE CIZE	CASING & TUBING S		DEPTH S		·	SACKS CEMENT
HOLE SIZE	CABING & TODING 5	12.6	DEI III D			
	<u> </u>					
						
			<u> </u>			
V. TEST DATA AND REQUEST FO	R ALLOWARLE				L	
OII. WELL (Test must be after reco	overy of total volume of load	oil and must	t be equal to or exceed to	op allowable for th	nis depth or b	e full 24 hours.)
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.) Date First New Oil Run to Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)						
Date Litze Mem Oil Vall to Tauk	Date Of Test		1.02umig mediou (110	panipi Ada iiili	<u></u>	
Longth of Tost	Tubing Deserves		Casing Pressure		Choke Size	
Length of Test	Tubing Pressure		Casing Liessare		I SHORE DIZE	
Astro-I Deed Deed To-	Oil - Bbls.		Water - Bbls.		Gas-MCF	
Actual Prod. During Test	On - DUIS.		rraici - Duis.		Jus-Mill	
	<u> </u>		<u> </u>		1	
Actual Prod. Tort MCP (D)	Length of Test		Bbls. Condensate/MMC	······································	Gravity of C	ondensate
Actual Prod. Test-MCR/D	TENKIN OF LEST		DOB. WHILEBARY WHITE	-	~ *	1
Tosting Marhad (siles heat as)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-i	in)	Choke Size	
Testing Method (pilot, back pr.)	Taoms ressure (Situt-III)		Swing Francis (Sinter	,		
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION						
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. Date Approved AN 101994						
is true and complete to the best of	f my knowledge and belief.		Date A	.pproved AN	101334	
10	2 in the		_		/1	
Signature	By	By 3 () Chan				
JoAnn Smith Engineering Tech			Title SUPERVISOR DISTRICT /3			
Printed Name	Title		Title	<u> </u>	JR DISTR	101 73
12-15-93	(303) 837	<u>7-5000</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.