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

I.	10 1	HANSPUR			TOTIAL G				
Operator Well AFI No. MW Petroleum Corporation									
Address									
1700 LINCOLN, SUITE 1900, DENVER, CO 80203-4519 Reason(s) for Filing (Check proper box) New Well Change in Transporter of:									
Recompletion Oil Dry Gas Effective 01-01-94 JANI 0 1994									
Change in Operator Casinghead Condensate OIL CON. DIV.									
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL AND LEASE									
1				luding Formation Kind of Lease State, Federal or			Lease No. Agreement Fee JIC 125		
Jacarilla Apache Tribal 125 15 Lindrith Gallup-Dakota, West State, Federal or Fee JIC 125									
Section 25 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				Address (Give address to which approved copy of this form to be sent) P. O. Box 256, Farmington, NM 87499					
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					
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.		ally connect		When ?	110		
If this production is commingled with that from any other lease or pool, give commingling order number:									
IV. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover		Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	- (X) Date Compl. Ready to F	Total Depth			P.B.T.D.	P.B.T.D.			
levations(DF,RKB,RT,GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
Perforations							Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBI	DEPTH SET				SACKS CEMENT			
						-			
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.)							1		
Date First New Oil Run to Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure		Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas-MCF	Gas-MCF		
GAS WELL									
Actual Prod. Test-MCR/D				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			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 and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Date Approved Date Approved						ON			
Signature			-	By But Chang					
JoAnn Smith Engineering Tech			-	SEPERVISOR DISTRICT AS					
Printed Name Title 12-15-93 (303) 837-5000				Title					
12-15-93 Date	(303)	63/-3000	-						

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.