

**OIL CONSERVATION DIVISION**

DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

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

**I.**

|  |  |
|--|--|
| Operator<br>MW PETROLEUM CORPORATION   | Well API No.<br>30-039-24162   |
| Address<br>1700 LINCOLN, SUITE 900, DENVER, CO 80203   |  |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)                                  |  |
| New Well <input type="checkbox"/>  | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>                |
| Change in Operator <input checked="" type="checkbox"/>   |  |
| If change of operator give name and address of previous operator<br>AMOCO PRODUCTION CO., P.O. BOX 800, DENVER, CO 80201 |  |

**II. DESCRIPTION OF WELL AND LEASE**

|   |               |  |                      |                        |
|---|---------------|--|----------------------|------------------------|
| Lease Name<br>Hill Trust Fed Com  | Well No.<br>1 | Pool Name, Including Formation<br>Gavilan Mancos | Kind of Lease<br>Fed | Lease No.<br>NM-04073A |
| Location<br>Unit Letter <u>F</u> : <u>1660'</u> Feet From The <u>N</u> Line and <u>1680'</u> Feet From The <u>W</u> Line<br>Section <u>5</u> Township <u>25N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</u> County |               |  |                      |                        |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|   |   |       |      |      |                            |       |
|---|---|-------|------|------|----------------------------|-------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Meridian Oil Inc.                   | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 4289, Farmington, NM | 87499 |      |      |                            |       |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>El Paso Nat. Gas | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 4990, Farmington, NM | 87499 |      |      |                            |       |
| If well produces oil or liquids, give location of tanks.  | Unit  | Sec.  | Twp. | Rge. | Is gas actually connected? | When? |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

|  |                             |          |                 |          |        |                   |            |            |
|--|-----------------------------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X)         | Oil Well                    | Gas 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 |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |                             |          |                 |          |        |                   |            |            |
| HOLE SIZE                                  | CASING & TUBING SIZE        |          | 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 for full 24 hours.)

|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| 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 |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

**GAS WELL**

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/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. 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.

Laurie D. West  
 Signature  
 LAURIE D. WEST Assistant Secretary  
 Printed Name  
 10-9-91  
 Date  
 303-837-5000  
 Telephone No.

**OIL CONSERVATION DIVISION**

OCT 1 1992

Date Approved \_\_\_\_\_

By Bill D. Shoup  
 SUPERVISOR DISTRICT #3

Title \_\_\_\_\_

- 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.