Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico ergy, Minerals and Natural Resources Departm.

RECEIVED

See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

MAR 1 9 1992

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

Santa Fe, New Mexico 87504-2088

O. C. D.

| Ţ. | | | L AND NATURAL G | | | |
|--|--|--------------------------|---------------------------------------|--------------------------------|-----------------------|--|
| Operator | | | ETHIO HATOTIAL OF | Well API No. | | |
| MW Petroleum C | orporation | | | 3 0 - 01 | 15-26834 | |
| Address 1700 Lincoln S | t Suita 1900 |) Denver C | 0 80203 11519 | | | |
| Reason(s) for Filing (Check proper bo | | o, beliver, c | Other (Please expl | lain) | | |
| New Well | | in Transporter of: | | | | |
| Recompletion | Cii [| Dry Gas | | | | |
| Change in Operator | Casinghead Gas | ∑ Condensate | · · · · · · · · · · · · · · · · · · · | | | |
| f change of operator give name and address of previous operator | | | · | | | |
| I. DESCRIPTION OF WEL | L AND LEASE | | | | | |
| Lease Name | | o. Pool Name, Includ | ling Formation | Kind of Lease | Lease No. | |
| Smith ted. | Das Com 2 | Indian | Basin UP. Pin. | W. State (Federal or Federal | NM 025/099A | |
| Location | 201/0 | | 411. | 10. | 11 1 | |
| Unit Letter | :3049_ | Feet From The | North Line and 4 | 80 Feet From The | West Line | |
| Section 12 Town | nship 225 | Range 23 | 3E , NMPM, & | ddy | County | |
| | | | | | | |
| II. DESIGNATION OF TR. Name of Authorized Transporter of Oi | | | RAL GAS Address (Give address to wi | high game mind again of this f | in to be cont) | |
| Table of Audionized Transporter of Or | of Control | Lensate | Audiess (Olve dadress to wi | пист арргочеа сору ој тиз ј | orm is to be seni) | |
| Name of Authorized Transporter of Ca | singhead Gas | or Dry Gas | Address (Give address to wi | hich approved copy of this fo | orm is to be sent) | |
| MW Petroleum | Corps. | | 1700 Sincoln | St. Suite 1 | 900, Denver, Co | |
| If well produces oil or liquids, ive location of tanks. | Unit Sec. | Twp. Rge. | Is gas actually connected? | When? | 80. | |
| f this production is commingled with the | hat from any other lease | or pool, give comming | ling order number | <u> </u> | 49 | |
| V. COMPLETION DATA | at nom any other reason | or poor, gave containing | ing order nameer. | | | |
| D : T (0 1: | Oil W | ell Gas Well | New Well Workover | Deepen Plug Back | Same Res'v Diff Res'v | |
| Designate Type of Completic | 1 | | Total Diesh | | | |
| 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 | | th | |
| | | | | | | |
| Perforations | | | | Depth Casin | g Shoe | |
| | TIDDA | C CASDIC AND | CENTENTENIC DECOR | | | |
| TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | |
| HOLL SIZE SAS | | | | | | |
| | | | | | | |
| | | | | | | |
| . TEST DATA AND REQU | EST FOR ALLOY | WABLE | | | | |
| | | | t be equal to or exceed top all | owable for this depth or be | for full 24 hours.) | |
| Date First New Oil Run To Tank | Date of Test | | Producing Method (Flow, pr | ump, gas lift, etc.) | | |
| Length of Test | Tuhing Program | | Casing Pressure | Choke Size | Choke Size | |
| Dengui or Test | Tubing Pressure | | | | | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbls. | Gas- MCF | | |
| | | | | | | |
| GAS WELL | | | | | \ | |
| Actual Prod. Test - MCF/D | al Prod. Test - MCF/D Length of Test Tubing Pressure (Shut-in) | | Bbis. Condensate/MMCF | Gravity of C | Gravity of Condensate | |
| Testing Method (nitot hack or) | | | Casing Pressure (Shut-in) | Choke Size | Choke Size | |
| could intentor (paor, each pr.) | | | | | | |
| VI. OPERATOR CERTIF | ICATE OF COM | /PLIANCE | 011 001 | ICEDVATION | DIVICION | |
| I hereby certify that the rules and re | egulations of the Oil Con | servation | | NSERVATION | NOIOIAIO | |
| Division have been complied with is true and complete to the best of | | | | MAR 2 6 | 1992 | |
| | | | Date Approve | ed | | |
| That - | u | | D. ORK | GINAL SIGNED BY | | |
| Signature | | | By ORIGINAL SIGNED BY MIKE WILLIAMS | | | |
| Barbara A. Ellis Operations Clerk Printed Name, Title | | | Title SUPERVISOR, DISTRICT !1 | | | |
| 3-11-92 | (713) 953 | * | Ille | | · | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.