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REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Central/Resources Inc.</b>		Well API No. 30-015-23202
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Address  
1776 Lincoln St., Suite 1010, Denver, Co. 80203

Reason(s) for Filing (Check proper box)  Other (Please explain)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Operator  Casinghead Gas  Condensate

If change of operator give name and address of previous operator MW Petroleum Corporation P.O. Box 4628, Houston, Tx 77210

II. DESCRIPTION OF WELL AND LEASE

Lease Name State IC	Well No. 1	Pool Name, including Formation Mosley Canyon Strawn	Kind of Lease <u>State</u> Federal or Fee	Lease No. LG-5417
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Location  
Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line  
Section 7 Township 24-S Range 25-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Scurlock Permain Corp.</b>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX 77210-4648
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978

If well produces oil or liquids, give location of tanks.	Unit G	Sec. 7	Twp. 24S	Rge. 25E	Is gas actually connected?	When?
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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		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Part ID-3 7-9-93 chg op

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 (puot, 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.

*Vicki U. Mosely*  
 Signature  
**Vicki U. Mosely** Engineering Tech  
 Printed Name Title  
 2-16-93 (713) 296-6240  
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 21 1993**  
 By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
 Title SUPERVISOR, DISTRICT II

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.