

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
1500 RIO Brazos Rd,Aztec,NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

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

Operator MW Petroleum Corporation	Well API No. 30-039-06094
Address 1700 LINCOLN, SUITE 1900, DENVER, CO 80203-4519	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 01-01-94 Change in Operator <input type="checkbox"/> Casinghead <input type="checkbox"/> Condensate <input type="checkbox"/>	

RECEIVED
JAN 10 1994
OIL CON. DIV.
DIST. 3

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Fred Phillips E	Well No. 1	Pool Name, Including Formation Tapacito - PC	Kind of Lease State, <u>Federal</u> or Fee	Lease No. Agreement NM 01140
Location Unit Letter C : 990 Feet From The N Line and 1650 Feet From The W Line Section 10 Township 25N Range 3W NMPM, Rio Arriba 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"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form to be sent) P. O. Box 4990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks. Unit 1 Sec. 1 Twp. 25N Rge. 3W	Is gas actually connected? <input type="checkbox"/> 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		
TUBING, CASING AND CEMENTING RECORD								
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 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-MCR/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. Signature <u>JoAnn Smith</u> Printed Name JoAnn Smith Engineering Tech Date 12-15-93 _____ Date Title (303) 837-5000		OIL CONSERVATION DIVISION JAN 10 1994 Date Approved _____ By <u>Supervisor</u> Title SUPERVISOR DISTRICT #3	
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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.