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

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

## State of New México Energy, Minerals and Natural Resources Department

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	ANSI	PORT OIL	AND NA	TURAL G					
Operator MW PETROLEUM CORPORATION							l i	ell API No.			
Address	100 BE			00000			130	03920259	100		
1700 LINCOLN, SUITE 9  Reason(s) for Filing (Check proper box)	OU, DE	NVER,	CO	80203	Oth	es (Please expl	aint	<del></del>			
New Well	Oil	Change in	Dry (	Gas 🔲		ici (1 tease expi	umj				
Change in Operator   If change of operator give name  A		d Gas		ensate							
and address of previous operatorA	MOCO PI	RODUCT	<u>ION</u>	CO., P.	0. BOX 8	00 DENV	ER, CO	80201			
II. DESCRIPTION OF WELL A											
Lease Name Well No. Pool Name, Including								Kind of Lease		Lease No. 122 TR#219	
JICARILLA APACHE TRIBA Location	<u>.i. 122                                 </u>	<u> </u>	T R#	ISTN-DAK	OTA (PRC	RATED GA	S) 1 - L	,,,,	/ <i>~</i> ~/	~~~	
Unit LetterD	- :	960	Feet !	From The	FNL Lin	e and1	090 F	eet From The	FWI.	Line	
Section 04 Township 25N Range 4W						, NMPM, RI			O ARRIBA County		
III. DESIGNATION OF TRANS	SPORTE	R OF O	II. A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil	ιχί	or Conde			Address (Giv	e address to w	- 71	/			
HARY WILLIAMS ENCREY CORP.  Name of Authorized Transporter of Casinghead Gas X or Dry Gas X						P.O. BOX 159, Bloom Field, NM 87413  Address (Give address to which approved copy of this form is to be sent)					
GAS COMPANY OF NEW MEX		· · · · · ·				DOMFIELD, NM 87413					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuall	y connected?	When	1 ?			
If this production is commingled with that f	rom any oth	er lease or	pool, g	give comming	ling order num	ber:					
IV. COMPLETION DATA		10000			1	1	1 5	1 5 5	lo B.	him n. t.	
Designate Type of Completion -	· (X)	Oil Well	1	Gas Well	I New Mett	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	Date Compl. Ready to Prod.				<u>.                                    </u>	. <del>*</del>	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 HOLE SIZE CASING & TUBING SIZE					CEMENTI				SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TOBING SIZE				DEPTH SET			-	SAUNO OLIMENT		
V. TEST DATA AND REQUES				-	1					<b>· **</b> ** ** **	
OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Run To Tank Date of Test						exceed top all ethod (Flow, p			full 24 now	PYCH	
LAGE FIRS NEW OIL ROLL TO TABLE	Date of Tea				i iozadna iii	1002					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	OCTLL	19511	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Ga-MOIL CON. DIV.			
	<u> </u>	<del></del>			<u> </u>				DIST	. 3	
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	sale/MMCF		Gravity of C	Condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COM	PLIA	NCE		011 00:			D0 40:0		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Data Approved 071 L1 1931						
					Date Approved						
fameones.					By Srank Jung						
Signature LAURIE D. WEST	Assi	stant		reyary			oegwich	P DISTRIC	T. <b>Ø</b> 3		
Printed Name 10 - 9 - 91	<i>3</i> 03	-837	Title 50	: 360	Title	)	.J'=188 -UU				
Date			cohone		11						

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.