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

State of New Mexico 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	OTRA	NSP	ORT OIL	AND NA	TURAL GA		<u> </u>			
Operator MW PETROLEUM CORPORATION  300392352200								0.0			
Address 1700 LINCOLN, SUITE 9	00. DEN	VER. (	00 8	80203				<del>03373977</del>	<del>UU</del>		
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator		Change in	Transp	orter of:	Oth	es (Please expl	zin)				
If change of operator give name and address of previous operator	MOCO PR	ODUCT	ION (	CO., P.(	). BOX 8	00. DENV	FR, CO	80201			
II. DESCRIPTION OF WELL	AND LEA						1				
Lease Name	Well No.   Pool Name, Includi				<del>-</del>	•		of Lease DERAL		Lease No. 1M-40637	
OSO CANYON FEDERAL A Location		<u>l</u>	¹ GA¹	VILAN M	ANCUS	1390	17.50				
Unit Letter F	:1	660	Feet F	rom The	FNL Lin	and $\frac{\int f'}{f'}$	Fe	et From The _	FWL	Line	
Section 14 Township 24N Range 2W , NMPM, RIO ARRIBA								<del></del>	County		
				ID NATU	RAL GAS		_	· · · · · · · · · · · · · · · · · · ·			
Name of Authorized Transporter of Oil	^ /		sale		Address (Giv	e address to wi	hich approved	copy of this for	rm is to be se	3	
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO	head Gas	<u>,50</u>	or Dry	Gas 🔀		e address to WI			rm is 10 be se 9978		
If well produces oil or liquids, give location of tanks.		Soc.	Twp.	Rge.	<del> </del>	y connected?	When		7770		
	rom any other	er lease or	pool, gi	ive commingl	ing order num	ber:	1				
IV. COMPLETION DATA		10000	<sub>1</sub>		1 33 337 11	1 11/2 1	1 5	Plug Back	Same Bashs	Diff Res'v	
Designate Type of Completion -	· (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	l Flug Dack	Pattic Ker A	Dili Kes v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	:.) Name of Producing Formation				Top Oil/Gas	Pay	<u> </u>	Tubing Depth			
Perforations	<u> </u>		<del></del>		l			Depth Casing	Shoe		
	т	UBING.	CASI	ING AND	CEMENTI	NG RECOR	D D				
HOLE SIZE						DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	<u> </u>	L	· · · · · · · · · · · · · · · · · · ·		1			
OIL WELL (Test must be after re	covery of lo	tal volume	of load	oil and must	be equal to of	exceed top all	owable for thi	s depipes be f	of full 24, hou	( <del>4.)</del>	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	Address or Condensate Address or Condensate Address or Dry Gas Well New Compl. Ready to Prod. Total I Total I Gas Well New Compl. Ready to Prod. Total I Gas Well New Compl. Ready to Prod. Total I Gas Well New Compl. Ready to Prod. Total I Gas Well New Compl. Ready to Prod. Total I Gas Well New Compl. Ready to Prod. Total I Gas Well New Complete Gas TUBING SIZE Gas TUBING SIZE Gas Tubing Pressure Gas Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Casing Pressure (Shut-in) Casing Casing Casing Casing Pressure (Shut-in) Casing Cas				ure		Challe Size C 0 7 1 7 1601			
Actual Prod. During Test	Oil - Bbis.				Water - Bbls	•		Gas-MCFIL COUNTY			
GAS WELL	<u> </u>				.1			<u> </u>	D	<u></u>	
Actual Prod. Test - MCF/D	Length of	l'est			Bbis. Conde	nate/MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pre	ssure (Shu	t-in)		Casing Press	ure (Shut-in)		Choke Size			
reading friends (prior) seem proy					ļ						
VI. OPERATOR CERTIFIC				NCE	-		NSERV	ATION	DIVISIO	ON .	
I hereby certify that the rules and regular Division have been complied with and is true and complete to the best of my h	that the infor	rmation giv	rvauon en abov	ve			0	OT 11	1991		
is true and correpted to the beat of my a	mowleage m	an other.			Date	Approve	edu		NO I		
Hamisonly		<del></del>			By_	5	Promise	J. (L.)	cs		
Signature LAURIE DIVEST	Assist	lant =		ETARY		<u> </u>	יייייייייייייייייייייייייייייייייייייי	R DISTRICT	<b>Q</b> <sub>3</sub>		
Printed Name 10-9-91	323-		5 <i>0</i> 00		Title	30	I L. METOWN	, , , , , , , , ,	. 11 -24		
Date		Tel	ephone	No.	li						

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.

Submit 5 Copies
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Santa Fe, New Mexico 87504-2088

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REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	<u>O TRAI</u>	NSPO	ORT OIL	AND NA	TURAL GA	1S	PI No			
Operator MW PETROLEUM CORPORA				300392352200							
Address 1700 LINCOLN, SUITE 90	DO, DEN	VER, C	0 8	0203							
Reason(s) for Filing (Check proper bax)  New Well  Recompletion		Change in T	Franspo Dry Gas	rter of:		(Please expla		_onli			
	10C0 PR	ODUCTI	ON C	0., P.C		OO DENVI	_				
I. DESCRIPTION OF WELL A	ND LEA	SE							<del></del>		
Lease Name OSO CANYON FEDERAL /A/	Name Well No. Pool Name, Including O CANYON FEDERAL /A/ 1 UNDESTGNAT					TA	Kind of	ERAL	_	use No. 40637	
Location Unit LetterF	:1	660	Feet Fr	om The	FNL Line	and1	790 Fee	t From The _	FWI.	Line	
Section 14 Township	24 <u>N</u>		Range	2W	, N	ирм,	RIC	ARRIRA		County	
III. DESIGNATION OF TRANS	PORTER	OF OI	LAN	D NATU	RAL GAS			6.11.6			
Name of Authorized Transporter of Oil	X.	or Condens			Address (Giv	e address to wh	GIBLOC	copy of the s	1011	COURS	
Name of Authorized Transporter of Casingle	read Gas	<del>国</del>	or Dry	Gas [	HOLS	oddress to w	ich approved	copy of this fa	orm is so be se	ni) DARY	
If well produces oil or liquids, give location of tanks.	Unit	Suc.	Twp.	Rge.	is gas actuali	connected?	When	?		7113	
f this production is commingled with that fr	om any othe	r lease or p	oool, giv	e commingl	ing order numi	xer:					
V. COMPLETION DATA		Oil Well	-1-6	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -  Date Spudded	Date Compl. Ready to Prod.				Total Depth	1	l	P.B.T.D.			
•					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					10p 010 020 7-1			Depth Casing Slice			
Perforations								Depth Casi	ig 200e		
TUBING, CASING AND								SACKS CEMENT			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			SIZE	DEPTH SET			OACIO CEITETTI			
						<del></del>					
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	• •				ha	Cor 6:11 24 ho	ver )	
OIL WELL (Test must be after re Date First New Oil Run To Tank	be after recovery of total volume of load oil and must					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	ure		OCT 1 1 1931			
Actual Prod. During Test	Oil - Bbls.	<del></del>		-	Water - Bbli			OIL CONT			
GAS WELL	<u>.                                    </u>							T	0.51	#-X	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	nsaic/MMCF		Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COME	PLIA	NCE			NSERV	ATION	DIVISI	ON	
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.					OIL CONSERVATION DIVISION  Date Approved 001 1 1991						
is true and complete to the best of my l		VVIIVI.				e Approvi		70			
Signature X (1) S.C.T.	A-		17 Se	CRETARY	, ∥ By.		grank		sures /		
(AURIE D. UJEST) Printed Name 10-9-91		837-	Title		Title	9	SUPERVIS	OR CLAT	107#3		

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