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 1000 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

1.		- IIIAIIOPON						
Operator MNA Detroleum	Comomtion		Weil API No.			***	ig to Alba	
MW Petroleum (	Corporation			·	en e c			
1700 LINCOLN, SUITE 1900, DENVER, CO 80203-4519								
Reason(s) for Filing (Check proper box) New Well Chenge in Transporter of:  Other (Please explain)  JAN1 01994								
•	141CUVC 01-01-	OIL COIN. DI						
If change of operator give name	inghead Cond	ensate				VI		
and address of previous operator _								
II. DESCRIPTION OF WELL AND L	FASE Well No.	Pool Name, Includi	ng Formation	Kind of Lease		Lease No. Amon	ement	
Lease Name  Jacarilla Apache A 118				State, Federal	Pr Fee Lease No. Agreement 118 TR#215			
Location								
Unit Letter C: 1150 Feet From The N Line and 1690 Feet From The W Line								
0F 9CN								
Section 25 Township 26N Range 3W , NMPM, Rio Arriba County								
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate								
Giant Refining	P. O. Box 256, Farmington, NM 87499							
Name of Authorized Transporter	Address (Give address to which approved copy of this form to be sent)							
El Paso Natural	P. O. Box 4990, Farmington, NM 87401 Is gas actually connected? When?							
If well produces oil or liquids, give location of tanks.	Unit   Se	c.   Twp.   Rge.	15 gas actually conn	icelcu i	i Mien i			
If this production is commingled with that from any other lease or pool, give commingling order number:								
IV. COMPLETION DATA	Oil W		New Well Works		Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	1	Gas well	Workd	vei Læepen	l lux pack	Same res v	I we A	
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.		
Elevations(DF,RKB,RT,GR, etc.)	Top Oil/Gas Pay		Tubing Dep	Tubing Depth				
Perforations	L		Depth Casin	Depth Casing Shoe				
	AND CEMENTING R		<del></del>	-				
HOLE SIZE	CASING & T	UBING SIZE	DEPT	H SET		SACKS CEMENT		
At the transfer of the state of	DD ALLOWARDED							
V. TEST DATA AND REQUEST FOOIL WELL (Test must be after rec		of load oil and must	t be equal to or excee	ed top allowable for	r this depth or I	be full 24 hours.)	1	
Date First New Oil Run to Tank	Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas-MCF	Gas-MCF		
GAS WELL								
Actual Prod. Test-MCR/D Length of Test			Bbls. Condensate/MMCF		Gravity of C	Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	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 lest of my knowledge and belief.  OIL CONSERVATION DIVISION  Date Approved  Date Approved								
Signature			-   By_	7	od.			
JoAnn Smith Engineering Tech			Superivisor district #9					
Printed Name Title			Title	our <u>t</u> h	VISUR DIS	TRICT #3		
12-15-93 Date	(30	03) 837-5000	-					
Uai€								

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.