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Appropriate District Office
DISTRICT | 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 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I	10	THANSPUR			OF IAL GAC				
Operator			Well AP	No.					
MW Petroleum C	orporation								
Address 1700 LINCOLN,	SUITE 1900,	DENVER, CO	80203-	1519			SIV		
Reason(s) for Filing (Check proper				ther (Please	e explain)	IN CO	S. F. B. B. M. J.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
New Well	Change in Trar	nsporter of:				LA CA LA R	VI 01994		
Recompletion Oil	Effective 01-01-94			JEME GIOL					
Change in Operator Casir	ighead Conde	ensate				OILC	CN		
f change of operator give name							DIST. 3		
and address of previous operator									
I. DESCRIPTION OF WELL AND LE		· · · · · · · · · · · · · · · · · · ·			Kind of Lease		Lease No. Agre	ement	
ase Name Well No. Pool Name, Includir			ig i or medon						
<u>Jacarilla Apache A 118</u>	6	Tamcitos Pictur	rea Cittis (Gas)	State, redetar		110 11	CH ZIS	
Location	040	Feet From The	2	1Q	∩∩ Feet F	rom The	w	Line	
Unit Letter N	<u> </u>	Feet From The	ine a	na <u>10</u>	Teet 1				
or 961	A.T	Range 3W .	NMPM, Ric	Arriba			C	ounty	
Section 35 Township 261			NIVIPINI, ICI	Juliou					
III. DESIGNATION OF TRANSPORT	ER OF OIL AND NA	TURAL GAS	Address (Gi	ve address	to which approve	i copy of this	form to be sen	()	
Name of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form to be sent) P. O. Box 256, Farmington, NM 87499					
Giant Refining Name of Authorized Transporter of Casinghead Gas ■ or Dry Gas □				Address (Give address to which approved copy of this form to be sent)					
Name of Authorized Transporter of Northwest Pipel	ine Cornoratio	on	295 Ch	ipeta W	ay, Salt Lak	e City, U	tah 84108		
If well produces oil or liquids,		Is gas actually connected?			When ?				
give location of tanks.	Unit Se	ec. Twp. Rge.				1			
If this production is commingled wi	th that from any oth	ner lease or pool, give	e comminglir	ng order nur	nber:				
IV. COMPLETION DATA						Dive Book	Same Res'v	Diff Res'v	
	Oil W	eil Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	1 Din Nes v	
Designate Type of Completion			 			P.B.T.D.			
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	i		P.B.1.D.			
	Name of Producing		T Oil/Ca	a Dou	<u> </u>	Tubing De	nth		
Elevations(DF,RKB,RT,GR, etc.)	Top Oil/Gas Pay								
				Depth Casing Shoe					
Perforations									
		TUBING, CASING	AND CEME	NTING REO	ORD				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
HOLE SEE									
V. TEST DATA AND REQUEST FO	OR ALLOWABLE						. L . C.II 04 have	>	
OIL WELL (Test must be after rec	overy of total volum	e of load oil and mu	st be equal to	or exceed	top allowable for	this depth of	r de ruii 24 noui	8.)	
Date First New Oil Run to Tank	Date of Test		Producing	Method (Flo	ow, pump, gas lift	<u>, etc.)</u>			
			<u> </u>			G! C'-			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
							Gas-MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Bl	ois.		אווער-מסי			
			1						
GAS WELL	Transaction of		Rhle Conc	ensate/MM	CF	Gravity of	f Condensate		
Actual Prod. Test-MCR/D	Length of Test		Bbls. Condensate/MMCF			1			
	Tubin - Decree /	Shut-in)	Casing Pre	essure (Shut	t-in)	Choke Siz	ze	-	
Testing Method (pilot, back pr.)	Tubing Pressure (Gride-III)	Castring 1 IV		·-•				
			1				AL BRIDGE	ION!	
VI. OPERATOR CERTIFICATE OF COMPLIANCE				OIL CONSERVATION DIVISION					
VI. OPERATOR CERTIFICATE OF CONFIGURATION I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.				JAN 1 0 1994					
		d peliet.		Date i	Approved				
o Ch. Te				-	7.		Δ		
Signature Paris Tack				By Bull					
JoAnn Smith Engineering Tech			 ∥	Title SUPERVISOR DISTRICT #3					
Printed Name		ide 2021 927 5000	1	Title_				. —	
<u>12-15-93</u>		303) 837-5000							

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.

Date