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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DOTKIC! III			
1000 Rio Brazos I	d. Aziec	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS MW PETROLEUM Well API No. CORPORATION 30-020 200-

Address							10-0 <u>-</u>	29-22	DSU -
1700 LINCOLN, SUIT	E _. 900, [DENVER,	CO 80203						
Reason(s) for Filing (Check proper be	28)				When (D)				
New Well		Change in	Transporter of:		Other (Please ex	plain)			
Recompletion	Oil		Dry Gas	1					
Change in Operator		nead Gas 🗍	Condensate)]					
If change of operator give name				<u> </u>					
and address of previous operator		PRODUCT1	ION CO., P	.O. BOX	800 DEN	VER, CO	80201		
II. DESCRIPTION OF WEL	L AND L	EASE							
Lease Name Vide Location		Well No.	Pool Name, Inclu	ding Formation	esai Ve	rdo Kin	doffess	N)(Lease No.
Unit Letter	:1	570'	Feet From The _	N	ne and	30	Feet From The	<u> </u>	
Section 35 Town	ship 24	N	Range 2	W.,	IMPM, R	io	anni	ba	LineCounty
III. DESIGNATION OF TRA	NSPORT	FR OF OU	I AND MATE	IDAT CAG					
Name of Authorized Transporter of Oil	- d	or Condens	ele HAT	KAL GAS					001
Coanar Willia	7 1/2	Enono		Address (C.	ve address to w	hich approw	ed copy of this	forge is to be s	ens) 0'14
Naj	- thead Gas		<u> </u>	J P.O.	DUX	154,	Blom	streld	. NIM
MW Petroleum Corp			or Dry Gas A	Address (Gi	ve address to wi	hich approve	d copy of this	form is to be s	eru)
if well produces oil or liquids.	Unit	Soc 17	Wp. Rgc	1		- HO	$0, x_t$	IT La	Re, 11=
give location of tanks.	1	1	Wp. Rgc.	le gas actual	y connected?	Whe	n 1		QUI
If this production is commingled with the IV. COMPLETION DATA	at from any ot	her lease or po	ol, give comming	ling order num	ber:				
Designate Type of Completion	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Com	pl. Ready to P	rod.	Total Depth	l	<u> </u>	D 200	i	
	1			1		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
		To the same of the			op Singes Lay				
'erforations				<u> </u>					1
							Depth Casin	g Shoe	
	Т	UBING, C.	ASING AND	CEMENTIN	NG RECORD		<u> </u>		
HOLE SIZE	CASING & TUBING SIZE			DEDTH 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 Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** Casing Pressure OCT1 1 1991 Actual Prod. During Test Oil - Bbls. Water - Bbis OIL CON. DI **GAS WELL**

DIST. 3 Actual Prod. Test - MCI/D Length of Text Bbls. Condensate/MMCF Gravity of Condensate l'esting Method (pitot, 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.

Date

Signature Secreta Printed Name Title -91 837-5000

OIL CONSERVATION DIVISION

OCT 1 11992 Date Approved

るこれ By.

SUPERVISOR DISTRICT 13

Title

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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.