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

ī.	TO TRANSPOR	IT OIL AN	ND NA	UHAL GAS	) 		<del></del> _	
Operator		Well API	No.					
MW Petroleum (	Corporation							
Address					A		<b>(</b>	
1700 LINCOLN, Reason(s) for Filing (Check proper	SUITE 1900, DENVER, CO		519 ther (Please	explain)	III E G	EIVE		
Reason(s) for Filing (Check proper	Change in Transporter of:		uici (ricasi	- cybianil	(KE	v 0.100A		
Recompletion Oil Dry Gas Effective 01-01-94						JAN1 0 1994		
Change in Operator Casi				CIL CON. DIV				
f change of operator give name						DIST 3		
and address of previous operator _								
DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, Including Formation				Kind of Lease Lease No. Agreement				
Lease Name			State, Federal or	Fee NM 7993		93		
Tapacitos Control						<u> </u>		
Unit Letter O	: 1100 Feet From The	S Line an	d16	00 Feet Fr	om The	<u>E</u>	Line	
		<b></b>	A			Co	unty	
Section 36 Township 26		NMPM, Rio	Amba					
III. DESIGNATION OF TRANSPOR	Address (Give address to which approved copy of this form to be sent)							
Name of Authorized Transporter	P. O. Box 256, Farmington, NM 87499							
Name of Authorized Transporter	Address (Giv	Address (Give address to which approved copy of this form to be sent)						
Name of Authorized Transporter of El Paso Natural	P. O. Bo	P. O. Box 4990, Farmington NM 87401						
If well produces oil or liquids,	Unit   Sec.   Twp.   Rge.	Is gas actual	ly connect	ed?	When ?			
give location of tanks.				<u> </u>	1			
	rith that from any other lease or pool, give	e commingling	order nur	nber:				
IV. COMPLETION DATA	Oil Well Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Total Depth	<u> </u>		P.B.T.D.		1	
Date Spudded	Date Compl. Ready to Prod.	lay to Frod.						
Elevations(DF,RKB,RT,GR, etc.) Name of Producing Formation Top Oil/Gas Pay					Tubing Depth			
Perforations				<u> </u>	Depth Casing Shoe			
	AND CEMENTING RECORD			SACKS CEMENT				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACAS CEMENT			
		<u> </u>						
		<del>                                     </del>						
V. TEST DATA AND REQUEST F	OR ALLOWABLE				ا حادث المنا	he full 24 have	`	
OIL WELL (Test must be after re-	covery of total volume of load oil and mu	st be equal to	or exceed t	op allowable for t	nis depth or	ue tun 24 nours	·1	
Date First New Oil Run to Tank	Date of Test	Producing N	ethod (Fig	w, pump, gas lift,	<u>etc.)</u>			
Length of Test	Tubing Pressure	Casing Press	Casing Pressure		Choke Size			
A I Durch Durcher Total	Oil - Bbls.	Water - Bbl	Water - Bbls.			Gas-MCF		
Actual Prod. During Test	GII - DOIG.							
GAS WELL								
Actual Prod. Test-MCR/D	Length of Test	Bbls. Condensate/MMCF		CF	Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		in)	Choke Size			
		<del></del>						
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE and regularises of the Oil Conservation that the information given above of my knowledge and belief.		OIL	CONSER			אכ	
I hereby certify that the rules in Division have been complied with	th and that the information given above		D-4- 4	Approximate Ji	AN 1.0 19	394		
is true and complete to the best	or my knowledge and bell.		Date A	(pproved	1			
Signature			By Birt Shang					
JoAnn Smith Engineering Tech			SUPERVISOR DISTRICT #3					
Printed Name	Title		Title					
12-15-93	(303) 837-5000							
Date								

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.