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State of New Mexico  
Energy, Minerals and Natural Resources D  
OIL CONSERVATION DIV  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2

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ctions  
of Page

Bruce West  
713-296-6000

REQUEST FOR ALLOWABLE AND AI  
TO TRANSPORT OIL AND NATL

I.

Operator <b>MW Petroleum Corporation</b>	Well API No.
Address <b>1700 LINCOLN, SUITE 1900, DENVER, CO 80203-4519</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 01-01-94 Change in Operator <input type="checkbox"/> Casinghead <input type="checkbox"/> Condensate <input type="checkbox"/>	

RECEIVED  
JAN 10 1994  
OIL CON. DIV.  
DIST. 3

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Bear Canyon Unit</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Gavilan Mancos Ext-U Gallup</b>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. Agreement <b>8901095970</b>
Location Unit Letter <b>C</b> : <b>880</b> Feet From The <b>N</b> Line and <b>2280</b> Feet From The <b>W</b> Line Section <b>10</b> Township <b>26N</b> Range <b>2W</b> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Giant Refining</b>	Address (Give address to which approved copy of this form to be sent) <b>P. O. Box 256, Farmington, NM 87499</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form to be sent) <b>P. O. Box 4990, Farmington, NM 87401</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge. Is gas actually connected?   When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations(DF,RKB,RT,GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH 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 or be full 24 hours.)

Date First New Oil Run to Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCR/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Signature <b>JoAnn Smith</b>	Engineering Tech
Printed Name	Title
<b>12-15-93</b>	<b>(303) 837-5000</b>
Date	

OIL CONSERVATION DIVISION

Date Approved <b>JAN 10 1994</b>
By <b>Bruce West</b>
Title <b>SUPERVISOR DISTRICT 13</b>

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.