

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

OIL CONSERVATION DIVISION

P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator

Operator MW Petroleum Corporation	Well API No. 30-025-1243100
Address 1700 Lincoln St., Suite 1900, Denver, Co 80203	
Reason(s) for Filing (Check proper box)	
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator	<input type="checkbox"/> Other (Please explain) Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
If change of operator give name and address of previous operator Amoco Production Company, P.O. Box 591, Tulsa, OK 74102	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State AJ	Well No. 5	Pool Name, Including Formation Justis Padlock <i>Blinberry</i>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. E-497
Location				
Unit Letter L	2310	Fees From The South	Line and 330	Fees From The West
Section 30	Township 25-S	Range 38-E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas NM Pipeline	<input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 205 East Bender Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas El Paso Natural Gas <i>Sid Richardson Carbon & Graphite</i>	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492 El Paso, Tx. 79978
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 30
	Twp. 25	Rge. 38
	Is gas actually connected? Yes	
	When? 2-25-80	
If this production is commingled with that from any other lease or pool, give commingling order number: <i>44C 315</i>		

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 for 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 - MCF/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.

Barbara A. Ellis
 Signature
 Barbara A. Ellis Operations Clerk
 Printed Name
 1-6-92
 Date
 (713) 953-5300
 Telephone No.

OIL CONSERVATION DIVISION

JAN 10 '92

Date Approved _____

By CRISTINA BIGNARDI JERRY SEXTON
 DISTRICT I SUPERVISOR

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 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.