

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

Operator MW Petroleum Corporation		Well API No. 30-025-32625
Address 2000 Post Oak Blvd., Ste. 100 Houston, Texas 77056-4400		OPER. OGRID NO. 15422
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <input type="checkbox"/> Other (Please explain)		PROPERTY NO. 15442 POOL CODE 96192 EFF. DATE 12-1-94
If change of operator give name and address of previous operator		API NO. 30-025-32625

II. DESCRIPTION OF WELL AND LEASE

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.

Lease Name Button Up Unit	Well No. 2	Pool Name, including Formation Wildcat Bar U Devonian	Kind of Lease (State) Federal or Fee	Lease No.
Location Unit Letter C : 600 Feet From The North Line and 2305 Feet From The West Line Section 10 Township 9S Range 32E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Amoco Pipeline ICT	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	O-TRNSP. OGRID NO. 138448	(WTR 1958750)
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	G-TRNSP. OGRID NO.	
If well produces oil or liquids, give location of tanks.		OIL POD NO. 1958710	
		GAS POD NO. 1958730	
Unit	Sec.	Twp.	Rge.
10	9-S	32-E	NO
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 ISOBUTANE X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9-28-94	Date Compl. Ready to Prod. 11-9-94	Total Depth 12-1-94	P.B.T.D. 10918'			
Elevations (DF, RKB, RT, GR, etc.) 4,444 GR	Name of Producing Formation Devonian	Top Oil/Gas Pay	Tubing Depth 10918'			
Perforations 10916' - 10926'				Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8	401	415
12-1/4"	8-5/8	3806	1115
7-7/8"	5-1/2	10936	1170
	2-7/8 tbg	10918	

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 11-28-94	Date of Test 12-15-94	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size 9/64"
Actual Prod. During Test	Oil - Bbls. 265	Water - Bbls. 0	Gas- MCF TSTM

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.

Signature  
Carolyn Huntoon  
Printed Name  
1-30-95  
Date  
Engineering Tech  
(713) 296-6240  
Telephone No.

OIL CONSERVATION DIVISION  
FEB 07 1995

Date Approved  
By ORIGINAL SIGNED BY 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.