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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANSPO	RT O	L AND NA	ATURAL G	AS					
Operator MV Details 1							Well	API No.				
MW Petroleum Cor	poration	ו					30-	-025-1243	31 00			
1700 Lincoln St.	Suite	1900	Danya	r Co	80203							
Reason(s) for Filing (Check proper box)		1,000,	Delive	,		her (Piease exp	(ain)					
New Well		Change is	п Тладарогі	er of:		ner (1 telens erb	uun)					
Recompletion	Oii		Dry Gas									
Change in Operator XX	Casinghe	d Gas	Condens	LLE 🗌								
If change of operator give name and address of previous operator A	moco Pro	ductio	on Comp	oany,	P.O. Bo.	х 591 , Ти	ılsa, OK	74102				
II. DESCRIPTION OF WELL												
Lease Name	Well No. Pool Name, inclu				ding Formation K			d of Lease Lease No.				
State AJ		5 Justis F			Paddock			Federal or Fee E-497				
Location	221	0		_								
Unit Letter	:231		Feet From	n The	South_Li	ne and330	F	eet From The	West	Line		
Section 30 Townst	_{iip} 25-S		Range	38-E		тмрм. Le	a			_		
	-r					uvii ivi,			 -	County		
III. DESIGNATION OF TRAI	NSPORTE			NATU	RAL GAS							
Texas NM Pipeline	ame of Authorized Transporter of Oil or Condensate X						Address (Give address to which approved copy of this form is to be sent)					
iame of Authorized Transporter of Casinghead Gas or Dry Gas X					205 East Bender Hobbs,NM 88240							
El Paso Natural Gas Sid Richarloon Carlo												
If well produces oil or liquids,	CONTRACTOR OF COMMENT			Rge	ls gas actual	y connected?	When					
give location of tanks.	1 [30	25	38	Yes		Ĺ	2-25-	80			
f this production is commingled with that V. COMPLETION DATA	from any oth	er lease or	pool, give	comming	ing order num	ber:	29.40	- 315				
V. COM ELITON DATA		Oil Well	Gar	Well	New Well	Workover	Danne	Dive Deal	c. n.	have a		
Designate Type of Completion	- (X)	1	i		1102 1101	WORDVE	Deepen	Plug Back	Same Kes v	Diff Res'v		
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth		1	P.B.T.D.		<u> </u>		
Elevanons (DF, RKB, RT, GR, etc.)	RKR RT GR atc.) Name of Production Engineering				Tee Ouge	N						
levanona (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Tubing Depth						
Perforations	!				<u> </u>			Depth Casing	Shoe			
									,			
					CEMENTI	NG RECOR	D					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT				
			· · · · · · · · · · · · · · · · · · ·									
								1				
/ TECT DATE IND TO THE												
/. TEST DATA AND REQUES OIL WELL Test must be often a												
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes	ai volume c	of load oil i	and musi	Producing Ma	exceed top allo ethod (Flow, pu	wable for this	depih or be fo	r full 24 hour	s.)		
	1					audi (r 1014, pa	тр, уш тут, е	4C.)				
ength of Test	Tubing Pressure				Casing Pressure			Choke Size				
al Prod. During Test Oil - Rhie												
water From During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF					
GAS WELL	<u> </u>							<u> </u>				
Actual Prod. Test - MCF/D	Length of To	est .			Dhia Condon							
					Bbls. Condensate/MMCF			Gravity of Condensate				
ng Method (puot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shui-in)			Choke Size	Choke Size			
7												
L OPERATOR CERTIFIC.				E	ے ا	W 00M	05014	TION 5				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my k	powiedge and	oblief.	2 800Y¢					N 1 0 '92				
	0/		7		Date	Approved	<u> </u>	114 1 0 32	<u>-</u>			
- Carles	XX.	u	1			20.1 % 210 4 8 1	i ermanı					
Signature Barbara A. Ellis Operations Clerk					By ORIGINAL SIGNAL BY UNLINE SIGNAL DISTRICT I SUPERVISOR							
Printed Name Title												
1-6-92	(7	13) 95	3-5300		Title_							
Date		Telepi	bone No.									

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.