

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator MW Petroleum		Well API No. 30-0125-1243800
Address 1700 Lincoln St. Suite 1900 Denver, Co. 80203		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator Amoco Production Co. P.O. Box 591 Tulsa, OK 74102		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State AJ	Well No. 6	Pool Name, Including Formation Blanchard <i>Fertis</i>	Kind of Lease <u>State</u> , Federal or Fee	Lease No. E-497
Location Unit Letter <u>M</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>25-S</u> Range <u>38-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Texas NM Pipeline</u>	<input checked="" type="checkbox"/> or Condensate <input 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 <u>Sid Richardson</u>	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 201 Main St. Suite 3000 Ft. Worth, Tx. 76102				
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>30</u>	Twp. <u>25-S</u>	Rge. <u>38-E</u>	Is gas actually connected? <u>Y</u>	When? <u>11-1-60</u>

If this production is commingled with that from any other lease or pool, give commingling order number: SHC-101

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.

Signature

Barbara A. Ellis

Operations Clerk

Printed Name

Date

(713) 953-5300

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 10 '92

By ORIGINAL SIGNED BY

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.