| DISTRIBUTION ANTA FE  |   | L CONSERVATION COMMISSION ST FOR ALLOWABL   | Form C-104 Supersedes Old C-104 and Elfective 1-1-65  |  |
|---|---|---|---|--|
| .\$.G.\$.   | AUTHORIZATION TO T                        | RANSPORT OIL AND NATURAL  | GAS   |  |
| AND OFFICE  |   | RECEIVED BY   |   |  |
| GAS OPERATOR  |   | NOV 20 1986   |   |  |
| PRORATION OFFICE  |   |   |   |  |
| Mountain St   | ates Petroleum Corp.                      | O. C. D.<br>ARTESIA, OFFICE   |   |  |
| Address   |   | Marria - 00003  |   |  |
| P.O. Box 19 Reason(s) for filing (Check proper t  |   | Other (Please explain)  |   |  |
| Recompletion  | Change in Transporter of: Oil Dry         | Gas   |   |  |
| Change in Ownership   |   | ndensqte 🔲  |   |  |
| If change of ownership give name<br>and address of previous owner   |   | P.O. Box 1936 Roswell, N  | lew Mexico 88201  |  |
| DESCRIPTION OF WELL AN  |   |   | · .   |  |
| Lease Name Levick B Sta   | te #2 Coyote Quee                         | San Sada  |   |  |
| Location  | 00 1 12 1 00/000 9000                     |   |   |  |
| Unit Letter A ;   | 330 Feet From The No.                     | Line and 330 Feet From  | The East  |  |
| Line of Section 21  | Fownship 17 So. Range                     | 27Е , ММРМ,   | Chaves Cou  |  |
| DESIGNATION OF TRANSPO  | RTER OF OIL AND NATURAL                   | GAS   |   |  |
| Name of Authorized Transporter of (   | Oil or Condensate                         | Address (Give address to which appr   | oved copy of this form is to be sent)   |  |
| Navajo Refining Compa   | Casinghead Gas or Dry Gas                 | Address (Give address to which appr   | sia New Mexico 88210 oved copy of this form is to be sent)  |  |
| None  | In the Inc.                               | Is gas actually connected? W  | hen   |  |
| If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. P.ge. B 21 11S 276         | 15 (25 25 25 25 25 25 25 25 25 25 25 25 25 2  |   |  |
| If this production is commingled  | with that from any other lease or poo     |   |   |  |
| COMPLETION DATA   | Oil Well Gas Well                         | New Well Workover Deepen  | Plug Back   Same Res'v. Diff. R   |  |
| Designate Type of Complete  | i   | Total Depth   | P.B.T.D.  |  |
| Date Spudded  | Date Compl. Ready to Prod.                | Total Depth   |   |  |
| Elevations (DF, RKB, RT, GR, etc.,  | Name of Producing Formation               | Top Oil/Gas Pay   | Tubing Depth  |  |
| Perforations  |   |   | Depth Casing Shoe   |  |
|   | TIME CALLE                                | NO CENENTING BECORD   | <u> </u>  |  |
| HOLE SIZE   | CASING & TUBING SIZE                      | ND CEMENTING RECORD  DEPTH SET  | SACKS CEMENT  |  |
|   |   |   | Post TO-3   |  |
|   |   |   | 12-5-86<br>Cng 0p   |  |
|   |   |   | <u> </u>  |  |
| TEST DATA AND REQUEST :   | FOR ALLOWABLE (Test must be able for this | e after recovery of total volume of load oil<br>depth or be for full 24 hours)  | and must be equal to or exceed top a  |  |
| Date First New Oil Run To Tanks   | Date of Test                              | Producing Method (Flow, pump, gas l   | ift, etc.)  |  |
| Length of Test  | Tubing Pressure                           | Casing Pressure   | Choke Size  |  |
| Actual Prod. During Test  | Oil-Bble.                                 | Water-Bble.   | Gas - MCF   |  |
| ,   |   |   | <u> </u>  |  |
| gas well  |   |   |   |  |
| Actual Prod. Test-MCF/D   | Length of Test                            | Bble. Condensate/MMCF   | Gravity of Condensate   |  |
| Teeting Method (pitot, back pr.)  | Tubing Pressure (Shut-in)                 | Casing Pressure (Shut-is)   | Choke Size  |  |
| Teeling Motion (proof sees proy   |   |   | <u> </u>  |  |
| CERTIFICATE OF COMPLIA  | NCE                                       | 11  | ATION COMMISSION  |  |
| hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given have is true and complete to the best of my knowledge and belief. |   | APPROVED  |   |  |
|   |   | BYOrigin  |   |  |
|   |   | Les   | Les A. Clements  TITLESupervisor District!  |  |
|   |   | This form is to be filed in compliance with RULE 1104.  |   |  |
|   |   | If this is a request for allowable for a newly drilled or deeps<br>well, this form must be accompanied by a tabulation of the devia |   |  |
|   | nature)                                   | tests taken on the well in acco   | rdence with RULE 111.   |  |
| Clerk   |   | able on new and recompleted w   | All sections of this form must be filled out completely for al able on new and recompleted wells. |  |
| - Sept. 1, 1986   |   | Fill out only Sections I. I   | I, III, and VI for changes of ow<br>ter, or other such change of condi-                           |  |

