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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Lower DD, Artesia, NM 88210
DISTRICT III
1000 Jua Brazos Rd., Aztec, NM 87410

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	Well API No.
Mountain States Petroleum Corp.	300450759800
Address	
P. O. Box 1936 Roswell, New Mexico 88201	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Operator ☒	Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator	
Slayton Oil Corp. PO Box 150, Farmington, New Mexico 87499	

I. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease Navaio Lease No.
N W Cha Cha Unit 36	34	Cha Cha Gallup	State, Federal or Fee 14-20-603-2172
Location			
Unit Letter	0	660 Feet From The S. Line and 1980 Feet From The E. Line	
Section	36	Township 29 N Range 14 W, NMPM, San Juan	County

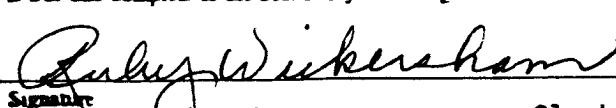
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)		
Giant Refining Company	P. O. Box 12999, Scottsdale, AZ 85267		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.			
Unit	Sec	Top	Rge.
0	26	29N	14W
Is gas actually connected?		When ?	
no			
If this production is commingled with that from any other lease or pool, give commingling order number:			

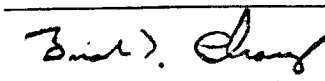
IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

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	Clerk
Printed Name	Title
Ruby Wickersham	
Date	Telephone No.
Sept. 1, 1989	623-7184

OIL CONSERVATION DIVISION	
SEP 22 1989	
Date Approved	
By	
	SUPERVISION DISTRICT # 3
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.