

ANTAFE		
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S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C  
Effective 1-1-83

Operator Slayton Oil Corp.	
Address P. O. Box 150 Farmington, New Mexico 87401 Ph 327-6066	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Suburban Propane Exploration Co., Inc. 2120 Alamo National Bldg. San Antonio, Texas 78205

DESCRIPTION OF WELL AND LEASE				
Lease Name NW Cha Cha Unit 26	Well No. 34	Pool Name, Including Formation Cha Cha Gallup	Kind of Lease Federal	Lease No. 14-20-603-2172
Location Unit Letter 0 : 760 Feet From The S Line and 1980 Feet From The E				
Line of Section 26 Township 29 N Range 14 W , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 6 Sec. 21 Twp. 29N Rge. 14W Is gas actually connected? no When.

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

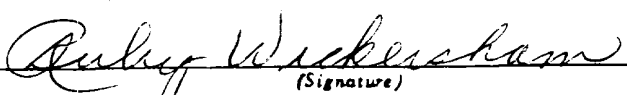
COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'
Date Spudded	Date Compl. Ready to Prod. Total Depth F.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

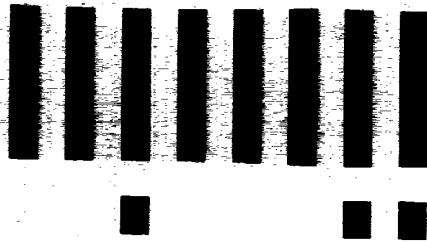
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
 (Signature)	
Clerk (Title)	
10/01/82 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED NOV 2 1982, 19	
BY Original Signed by CHARLES GHOLSON	
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each well to which	



**LTR**



**Job separation sheet**

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

I. Operator		Well API No.
Mountain States Petroleum Corp.		300450777900
Address		
P. O. Box 1936 Roswell, New Mexico 88201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
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		
Slayton Oil Corp. PO Box 150, Farmington, New Mexico 87499		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Navajo	Lease No.
NW Cha Cha Unit 26	34	Cha Cha Gallup	State, Federal or Fee		14-20-603-2172
Location					
Unit Letter 0 : 760 Feet From The S Line and 1980 Feet From The E Line					
Section 26 Township 29 N Range 14 W , NMPM, San Juan County					

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Giant Refining Co.	P. O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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.	Twp.	Rge.	Is gas actually connected?	When ?
	G	21	29N	14W	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	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

RECEIVED  
SEP 22 1989

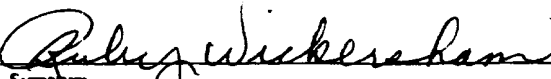
### GAS WELL

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

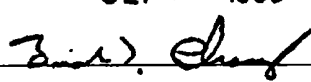
OIL CON. DIV.  
DIST. 3

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

### OIL CONSERVATION DIVISION

Date Approved SEP 22 1989  
By   
Title SUPERVISION DISTRICT # 3

### 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.