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 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 1-1-85  
 See Instructions  
 at Bottom of Page

DISTRICT II  
 P.O. Drawer DD, Artesa, 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 Mountain States Petroleum Corp.	Well API No. 300450783700
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"/> <span style="margin-left: 100px;">Change in Transporter of:</span> Recompletion <input type="checkbox"/> <span style="margin-left: 100px;">Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/></span> Change in Operator <input checked="" type="checkbox"/> <span style="margin-left: 100px;">Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/></span>	
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 NW Cha Cha Unit 27	Well No. 23	Pool Name, Including Formation Cha Cha Gallup	Kind of Lease State, Federal or Fee	Lease No. 14-20-603-2168
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u> Line Section <u>27</u> Township <u>29 N</u> Range <u>14 W</u> , <u>NMPM</u> , <u>San Juan</u> 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"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) 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 ? 0   26   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						
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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	<b>RECEIVED</b> SEP 22 1989 OIL CON. DIV.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

**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.

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

**OIL CONSERVATION DIVISION**

Date Approved SEP 22 1989

By *[Signature]*

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.