

ANTAFE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and  
 Effective 1-1-65

**RECEIVED BY**  
**NOV 20 1986**  
**O. C. D.**  
**ARTESIA, OFFICE**

Operator Mountain States Petroleum Corp.  
 Address \_\_\_\_\_

P.O. Box 1936 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Slayton Oil Corp, P.O. Box 1936 Roswell, New Mexico 88201

**DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Penrose State</u>	Well No. <u># 1</u>	Pool Name, including Formation <u>Diablo San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E9997</u>
Location				
Unit Letter <u>D</u>	<u>660</u> Feet From The	No. _____	Line and <u>330</u> Feet From The	West _____
Line of Section <u>22</u>	Township <u>10 S</u>	Range <u>27 E</u>	NMPM, <u>Chaves</u>	County _____

**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)
<u>Navajo Refining Company</u>	<u>No. Freeman Ave. Artesia, New Mexico 88210</u>
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)
<u>None</u>	

Does well produce oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>22</u>	Twp. <u>10 S</u>	Rge. <u>27 E</u>	Is gas actually connected? <u>No</u>	When _____
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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'v.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
			<u>Post FD-3</u>
			<u>12-5-86</u>
			<u>chg up</u>

**TEST DATA AND REQUEST FOR ALLOWABLE II. 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 _____

**TEST DATA AND REQUEST FOR ALLOWABLE III. 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.

Ruby Webersham  
 (Signature)  
Check  
 (Title)  
Sept. 1, 1986  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED DEC 3 1986, 19 \_\_\_\_\_

BY \_\_\_\_\_ Original Signed By  
Les A. Clements  
 Supervisor District II

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 ownership, well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each well to which this form applies.