

ANTAFE		✓		REQUEST FOR ALLOWABLE, AND		Superseded Oil C-104 and Effective 1-1-85	
ILE		✓		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
S.G.S.		✓					
AND OFFICE		✓					
TRANSPORTER		OIL					
		GAS					
OPERATOR		✓					
PROMOTION OFFICE		✓					
Operator		✓					
Address		Mountain States Petroleum Corp.		RECEIVED BY NOV 20 1986 O. C. D. ARTESIA OFFICE			
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 Ownership		Casinghead Gas		Condensate			
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		Well No.		Pool Name, Including Formation		Kind of Lease	
Chaves P State		2		Brown Queen Grayburg		State, Federal or Fee State	
Location		Unit Letter		H		1650 Feet From The No Line and 990 Feet From The East	
Line of Section		26		Township		10 S Range 26 E, NMPM, Chaves	
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)			
Navajo Refining Company				No. Freeman Ave. Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)			
None							
If well produces oil or liquids, give location of tanks.		Unit		Sec.		Twp.	
		H		26		10 S	
						Pge. 26E	
						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 Rest.	
						Dill. R	
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	
						Post ID-3	
						12-5-86	
						Chg Op	
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 able 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 (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	
CERTIFICATE OF COMPLIANCE						OIL CONSERVATION COMMISSION	
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.						APPROVED DEC 3 1986	
BY						Original Signed By	
						Les A. Clements	
TITLE						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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.							
All sections of this form must be filled out completely for able on new and recompleted wells.							
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of con							
Signature of Clerk							
Date							