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ILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
.S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
AND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	OIL	<input type="checkbox"/>
	GAS	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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)
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 State E 92 Well No. 6 Pool Name, Including Formation Brown Queen Grayburg Kind of Lease State, Federal or Fee State Lease E 92
Location
Unit Letter F : 1650 Feet From The NO. Line and 2310 Feet From The West
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)
Injection Well
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. Twp. Rge. Is gas actually connected? 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. R
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, CR, 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
Port 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
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.
Riley W. Webersham
(Signature)
Clerk
Sept. 1, 1986
(Date)

OIL CONSERVATION COMMISSION
DEC 3 1986
APPROVED _____, 19____
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 a able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of or well name or number, or transporter, or other such change of condi
Supersedes Form C-104 must be filed for each well in well