

ANTAFE		✓		REQUEST FOR ALLOWABLE		Supersedes Old C-104 a.	
ILE		✓		AND		Effective 1-1-65	
S.G.S.		✓		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
AND OFFICE		✓					
TRANSPORTER		OIL		RECEIVED BY NOV. 20 1986 O. C. D. ARTESIA, OFFICE			
		GAS					
OPERATOR		✓					
PRORATION OFFICE		✓					
Operator		Mountain States Petroleum Corp.				WFW	
Address		P.O. Box 1936 Roswell, New Mexico 88201					
Reason(s) for filing (Check proper box)						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 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						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	
State E 92		9		Brown Queen Grayburg		State, Federal or Fee State	
Location		Unit Letter		Feet From The		Line and	
		C		1310		1980	
		Line of Section		Township		Range	
		26		10 S		26 E	
						NMPM, Chaves	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Injection Well							
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.				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	
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	
						Part 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							
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.							
OIL CONSERVATION COMMISSION							
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 cond							
Supersedes Form C-104 must be filed for each well in an							
Rudy Wickersham (Signature)							
Clerk (Title)							
Sept. 1, 1986 (Date)							