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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

FEB 22 1973

Operator	
MOUNTAIN STATES PETROLEUM CORPORATION	
Address	
Box 1936 Roswell, New Mexico 88201	
D. C. C. ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)	
New Well	Change in Transporter of:
Recompletion	Oil
Change in Ownership	Casinghead Gas
	Dry Gas
	Condensate

If change of ownership give name and address of previous owner Paul Slayton, 115 E. Country Club Rd., Roswell, NM 88201

II. DESCRIPTION OF WELL AND LEASE	
Lease Name	Well No.
Everna Faircloth B	2
Pool Name, Including Formation	Kind of Lease
Acme San Andres	State, Federal or Fee
Location	Fee
Unit Letter	990 Feet From The East Line and 1650 Feet From The South
Line of Section	32 Township 7 South Range 27 East, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil	or Condensate
Permian Corporation	
Name of Authorized Transporter of Casinghead Gas	or Dry Gas
none	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	I 32 7S 27E
Address (Give address to which approved copy of this form is to be sent)	
Box 3119, Midland, Texas 79701	
Address (Give address to which approved copy of this form is to be sent)	
Is gas actually connected? When	

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
TUBING, CASING, AND CEMENTING RECORD	
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 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-Bble.
Water-Bble.	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)
Casing Pressure (shut-in)	Choke Size

VI. 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.	
KCHavenor	
(Signature)	
Geologist	
(Title)	
February 21, 1973	
(Date)	
OIL CONSERVATION COMMISSION	
APPROVED FEB 28 1973	
BY W. A. Gussert	
TITLE OIL AND GAS INSPECTOR	
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 deviation 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 owner, well name or number, or transporter or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	