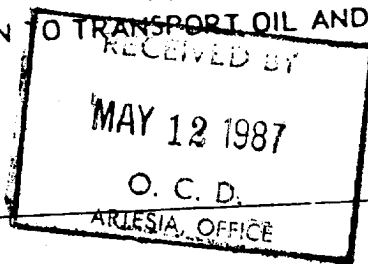


NAME		
ADDRESS		
OFFICE		
TRANSPORTER	OIL	
	GAS	
REPORTER		
REGISTRATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-83



Mountain States Petroleum Corp.

P.O. Box 1936 Roswell, New Mexico 88201

Change in Transporter of:	Other (Please explain)
Well <input type="checkbox"/>	
Completion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Everna Faircloth B	#2	Acme San Andres	State, Federal or Fee	Fee
Location				
North Letter	I	990 Feet From The	East	Line and
			1650	Feet From The
			So.	
Line of Section	32	Township	7 S	Range
			27 E	NMPM,
			Chaves	County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature 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)
Permian Corp.	101 E. Marland, Room 104, Hobbs, N M 88240	
Signature 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)

Well produces oil or liquids, Location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	32	7 S	27 E	no	

Is production commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Spudded								
Productions (DF, RKB, RT, GR, etc.)								
Productions								

TUBING, CASING, AND CEMENTING RECORD		SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

TEST DATA AND REQUEST FOR ALLOWABLE
L WELL

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

AS 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.

Ruby Wickham
(Signature)
Clerk
(Title)

05/01/87
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

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 well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of o well name or number, or transporter, or other such change of cond
Section I, II, III, and VI must be filled out for each test in