

ILE		✓		✓		REQUEST FOR ALLOWABLE AND		Effective 1-1-85	
S.G.S.		✓		✓		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		✓		✓					
TRANSPORTER		OIL		✓					
		GAS		✓					
OPERATOR		✓		✓					
PRORATION OFFICE		✓		✓					
Operator		Mountain States Petroleum Corp.				RECEIVED BY			
Address		P.O. Box 1936 Roswell, New Mexico 88201				MAY 12 1987			
						O. C. D.			
						ARTESIA, OFFICE			
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 checked="" type="checkbox"/>		Dry Gas <input type="checkbox"/>	
Change in Ownership		<input type="checkbox"/>		Casinghead Gas		<input type="checkbox"/>		Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner									
DESCRIPTION OF WELL AND LEASE									
Lease Name		Well No.		Pool Name, including Formation		Kind of Lease		Fee	
Everna Faircloth B		4		Acme San Andres		State, Federal or Fee			
Location									
Unit Letter		0		2310 Feet From The East		Line and		330 Feet From The So.	
Line of Section		32		Township		7 So.		Range 27 E, NMPM, Chaves	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name 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.				Permian (Eff. 9/1/87)				101 E. Marland, Room 104, Hobbs, N.M. 88240	
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.		Unit		Sec.		Twp.		Rge.	
		P		32		7 S		27 E	
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	
		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
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			
TEST DATA AND REQUEST FOR ALLOWABLE OIL 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			
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.									
Richard W. Wickham									
Clerk									
05/01/87									
(Date)									
OIL CONSERVATION COMMISSION									
MAY 13 1987									
APPROVED									
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 able 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									
Separate Form C-104 must be filed for each such change									