ANTA FE		ST FOR ALLOWABL		Sup Ett	Form C-104 Supersedes Old C-104 an Effective 1-1-65		
.AND OFFICE	AUTHORIZATION TO T	RANSPORT OIL AND	NATURAL	GAS			
TRANSPORTER OIL GAS		RECEIVED BY	ł				
OPERATOR							
PRORATION OFFICE	1	NOV 20 1986					
Mountain Sta	tes Petroleum Corp.	O. C. D. ARTESIA, OFFICE					
P.O. Box 193	6 Roswell, New	Mexico 88201	_				
Reason(s) for filing (Check proper be ::ew Well -	Change in Transporter of:	Other (Pleas	e explain)				
Recompletion Change in Ownership		Gas		T			
f change of ownership give name ind address of previous owner	Slayton Oil Corp.	P.O. Box 1936 R	oswell, N	ew Mexico	88201		
DESCRIPTION OF WELL AND				•			
State A	1 Acme San An		Kind of Leas State, Federa		L•a•• €(38 3- 8838		
Unit LetterB;	660 Feet From The NO. L	ine and 1980	Feet From	The Fas	+ ·		
Line of Section 7 To	www.ship 8.50, Range	27 E , NMPW	_		Coun		
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL (TAS					
None of Authorized Transporter of C	or Condensate	Adress (Give address	to which appro	oved copy of this	form is to be sent)		
Name of Authorized Transporter of C	asinghead Gas 📄 or Dry Gas 📄	Address (Give address	to which appro	ved copy of this	form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	ls gas actually connect	ed? Wh	en.			
f this production is commingled w COMPLETION DATA	rith that from any other lease or pool	, give commingling orde	r number:				
Designate Type of Completing	ion = (X)	New Well Workover	Deepen	Plug Back	Same Restv. Diff. Rest		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.j	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth			
Perforations				Depth Casing	Shoe		
	TUBING, CASING, AN	D CEMENTING RECOR	D .	1			
HOLESIZE	CASING & TUBING SIZE	DEPTH SE		SAC	KS CEMENT		
	<u> </u>				FD-3		
				12-1	8-86		
	· · · ·						
'EST DATA AND REQUEST F	able for this d	after recovery of socal volume epch or be for full 24 hours	ne of load oil e)	and must be equi	al to or exceed top allo		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lif	t, etc.)			
ength of Test	Tubing Pressure	Casing Pressure		Choke Size			
ictual Prod. During Test	Oil-Bbis.	Water-Bbls.		Gae-MCF			
	j	1					
AS WELL Ictual Prod. Test-MCF/D	I			·····			
	Length of Test	Bbis. Condensate/MMCF	·	Gravity of Con	densate		
"esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size			
ERTIFICATE OF COMPLIANO	CE		ONSERVA	TION COMM	ISSION		
hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	DEC 3	1986	, 19		
ove is true and complete to the	Original Signed By Les A. Clements						
		TITLE		r District H			
- Ruly Wieker	, p ,	This form is to 1	be filed in co	mpliancewith	RULE 1104.		
Signa (Signa		well, this form must	be accompani	ied by a tabula			
Clerk		tests taken on the w	ell in accord	ance with RU			
Peak 1 19	le) P (able on new and reco	ompleted well		•		
- fr. 1, 1 Dat	e)	well name or number,	or transporte:	, or other such	changes of owner change of condition		

1986	
(Date)	







Job separation sheet

	ANTAFE V	REQUEST			FOR ALLOWA E			torm C-1D4 Supersedes Old C-104 and Effective Joints		
	5.G.S.		THORIZAT	ION TO TE	AND SANSPORT		NATURAR	GASIVED		
	.AND OF FICE						1			
	TRANSPORTER OIL GAS						J	AN 1119	84	[
	OPERATOR V	-					:	O. C. D.		
1.	PRORATION OFFICE						A	RTESIA, OFF	ICE	
	Operator Slowton Oi	1 Cana								
	Slayton Qi Address	llorp	· · · · · · · · · · · · · · · · · · ·	·····						
	P. O. BOX Reoson(s) for filing (Check proper bo	2035	Rosw	ell, Ne	w Mexic	0 88201 Other (Pleas				
	: ew Well	Chan	ge in Transpo	orter of:						
	Recompletion Change in Ownership X	Oil Casii	nghead Gas	Dry C	ensate		T/A			
	If change of ownership give name and address of previous owner	<u>р</u>	aul Sla	yton P	<u>. 0. Bo</u>	x 1936,	Roswel], New	Mexic	o 88201
11.	DESCRIPTION OF WELL AND	LEASE								
	Lesse Name State A	Well	Nc. Pool Na	me, Including			Kind of Leas			Lease N
	Location	<u> </u>	·]	Acme S	San Andı	res	State, Fødera	CIFEE	<u>_</u>	<u>B-8638</u>
	Unit Letter <u>B</u> ; 66	0 Feet	From The	Northi	ne and	1000	Feet Etom	The r		
:		<u> </u>							ast	
	Line of Section 7 To	wnship	<u>8 So.</u>	Flange	27 E	, NMPM	. <u> </u>	ves		Count
1.	DESIGNATION OF TRANSPOR	TER OF C	DIL AND N	ATURAL G	AS					
	None of Authorized Transporter of OL		pr Condensate			Give address i	to which appro-	ved copy of th	is form is t	io be sent)
	Nome of Authorized Transporter of Ca	sinchead Ga		y Gas	Address ((live address 1	o which approv	ved conv of th	is form is t	to be sent l
									,	
1	If well produces oil or liquids,	Unit	Sec. Tw;	p. F.ge.	ls gas octi	ually connecte	d? Whe	er,		
1	give location of tanks.	, I	<u>_</u>				۱ ۱		· - · · ·	
	If this production is commingled wi COMPLETION DATA	th that from	any other l	ease or pool,	give commi	ingling order	number:	<u></u>	<u> </u>	
ſ	Designate Type of Completio	nn = (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Rei
	Dote Spudded		1 1. Fieady to P	1 1 10d.	Total Dept		l 	P.B.T.D.	• •	······································
Ī	Elevations (DF, RKB, RT, GR, etc.)	Name of Pi	roducing Form	ation	Top Oll/G	as Pay		Tubing Dep	lh	
╞	Perforations				.1			Depth Casir	a Shoe	
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F	······································			CASING, AN	CEMENTI			1		
$\left \right $	HOLE SIZE	CASI	NG & TUBI	NG SIZE		DEPTHSE	T	SA	CKS CEN	ENT
t		<u> </u>								
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Ļ	FET DATA AND DEOUDET D				1			l		
_	FEST DATA AND REQUEST FO	UK ALLUI		esi musi be a ible for this de	pth or be for	full 24 hours,				•
	Date First New Oil Run To Tanks	Date of Te	81		Producing	Method (Flow,	, pump, gas lif	•	ort. It	-
\mathbf{F}	Length of Test	Tubing Pre	ssure	<u> </u>	Casing Pre	esure		Choke Size	7-17	- <u>94</u>
								Choke Size 2-17-84 Choke Size Chy. D. D.		
	Actual Prod. During Test	Oil-Bbla.			Water - Bble	1.		Gas-MCF		
1_		1	<u> </u>		1	· · · · · · · · · · · · · · · · · · ·		I		······································
2	GAS WELL	-						· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	Actual Prod. Test-MCF/D	Length of 7	i est		Bbls. Cond	ensote/MMCF		Gravity of C	ondensate	
	Testing Method (pitot, back pr.)	Tubing Pre	saws (Shut-	in)	Casing Pressure (Sbu		in)) Choke Size		
ــا ۲. د	ERTIFICATE OF COMPLIANC	CE				OIL C	ONSERVA	TION COM	MISSION	1
		A			APPRON		EB 1 3 19	84		19
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.			APPROVED <u>FED ± 0 131</u> Original Signed I BYLestie A. Clemen							
	pove is true and complete to the	Dest of my	y knowledge	and belief.	BY				. <u>_</u>	<u> </u>
		. 11			TITLE_		ervisor District			
2. la larbourken				This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep						
7	Signa	iwe)			mall this	. form must	he accompan	led by a tab	ulation of	the deviat
_(lerk			·····			ell in accord this form mus			
	(Till	e)			able on i	new and rec	ompleted wel	18.		
્ર	Jan. 1, 1984				Fill	out only S	ctions I, II.	III, and VI	for chan	ges of own

well name or number, or transporter, or other auch changes of own

(Date)