

Operator Mountain States Petroleum Corp. AR

Address P.O. Box 1936 Roswell, New Mexico 88201

RECEIVED BY

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"/>

change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name				State, Federal or Fee	State
State A		#2	Acme San Andres	State	B 8638

Location

Unit Letter P : 660 Feet From The So Line and 660 Feet From The East

Line of Section 7 Township 8 So Range 27 E , NMPM. Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		101 E. Marland, Room 104, Hobbs, N M 88240	
Permian Corp.			
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 P	Sec. 7	Twp. 8 S	Rge. 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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. R
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

[illegible]

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

TEST DATA AND REQUEST FOR ALLOWABLE	(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)
-------------------------------------	---

OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Post ID-3
add LT.
5-15-87

GAS WELL

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
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.

Quincy W. Wierschem
(Signature)
Clerk

05/01/87

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 13 1987, 19

Original Signed By
BY Tes 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 deep tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for use 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 content.