

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and Effective 1-1-65	
ANTA FE		REQUEST FOR ALLOWABLE			
ILE		AND			
S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
AND OFFICE					
TRANSPORTER		OIL		RECEIVED BY	
OPERATOR		GAS		NOV 20 1986	
PERATION OFFICE				O. C. D.	
perates		Mountain States Petroleum Corp.		ARTESIA, OFFICE	
ddress		P.O. Box 1936		Roswell, New Mexico 88201	
esson(s) for filing (Check proper box)		Change in Transporter of:		Other (Please explain)	
ew Well		Oil			
ecompletion		Casinghead Gas			
hange in Ownership		Dry Gas			
		Condensate			
change of ownership give name		Slayton Oil Corp.		P.O. Box 1936 Roswell, New Mexico 88201	
d address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
Honolulu State		# 8		Coyote Queen	
Kind of Lease		State, Federal or Fee		State B	
Location				8385-2	
Unit Letter		2310		Feet From The So. Line and 2310 Feet From The East	
Line of Section		11		Township 11 S Range 27 E, NMPM, Chaves	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil		or Condensate		Address (Give address to which approved copy of this form is to be sent)	
Navajo Refining Company				No. Freeman Ave. Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
None					
well produces oil or liquids, ve location of tanks.		Unit		Sec.	
		G		11	
		Twp.		11S	
		Rge.		27E	
		Is gas actually connected?		When	
		No			
his production is commingling 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					
Deepen					
Plug Back					
Same Res'v.					
Diff. Re					
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
				P.B.T.D.	
Locations (DF, RKB, RT, CR, 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	
				Post ID-3	
				12-5-86	
				Chg op	
TEST DATA AND REQUEST FOR ALLOWABLE					
L WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able 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 - Bbls.		Water - Bbls.	
				Gas - MCF	
IS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
				Gravity of Condensate	
Testing Method (pitot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
				Choke Size	
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED DEC 3 1986					
BY Original Signed By					
Les A. Clements					
TITLE Supervisor District 11					
This form is to be filed in compliance with RULE 1104.					
If this is a request for allowable for a newly drilled or deepen 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 all wells on new and recompleted wells.					
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.					

