

AS:SAFE		REQUEST FOR ALLOWABLE		Form C-104	
ILE		AND		Supersedes Old C-104 and	
S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Effective 1-1-65	
LAND OFFICE		RECEIVED BY NOV 20 1986 O. C. D. ARTESIA, OFFICE		TA	
TRANSPORTER					
OIL GAS					
OPERATOR					
PRORATION OFFICE					
Operator					
Mountain States Petroleum Corp.					
Address					
P.O. Box 1936 Roswell, New Mexico 88201					
Reason(s) for filing (Check proper box)					
New Well		Change in Transporter of:		Other (Please explain)	
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	
If change of ownership give name and address of previous owner					
Stayton Oil Corp. P.O. Box 1936 Roswell, New Mexico 88201					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
Levick D State		5		Wildcat	
Location		Kind of Lease		Lease	
		State, Federal or Fee		State	
		E 8732			
Unit Letter A : 660 Feet From The No Line and 660 Feet From The East					
Line of Section 15 Township 11 S Range 27 E , NMPM, Chaves Cour					
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)	
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		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. Pge.	
				Is gas actually connected? When	
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	
		Deepen		Plug Back	
		Same Res'v.		Diff. P	
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	
				Post FD-3	
				12-5-86	
				Chg Up	
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 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	
AS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
				Gravity of Condensate	
Casing 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.					
OIL CONSERVATION COMMISSION					
DEC 3 1986					
APPROVED _____, 19 _____					
BY _____ Original Signed By _____					
Les 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 deepened well, this form must be accompanied by a tabulation of the deviator 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 owner, well name or number, or transporter, or other such change of conditions.					
Supersedes Form C-104 and must be filed for each well in compliance with Rule 1104.					
Riley Wickersham					
Stark					
Sept 1, 1986					
(Date)					