

SI - Oct 1998  
Put bR on Sept 1999

DISTRIBUTION  
STATE  
COUNTY  
LOCAL OFFICE  
TRANSPORTER  
OPERATOR  
REGISTRATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

RECEIVED BY  
NOV 20 1986  
O. C. D.  
ARTESIA, OFFICE

Mountain States Petroleum Corp.

P.O. Box 1936 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Completion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Change of ownership give name  
Address of previous owner Slayton Oil Corp. P.O. Box 1936 Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE  
Lease Name Levick C State  
Well No. # 2  
Pool Name, Including Formation Coyote Queen  
Kind of Lease State, Federal or Fee State  
Lease No. 8879

Location  
Unit Letter L : 2310 Feet From The So. Line and 990 Feet From The West  
Line of Section 15 Township 11 So. Range 27 E NMPM, Chaves Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Refining Company  
Address (Give address to which approved copy of this form is to be sent)  
No. Freeman Ave. Artesia, New Mexico 88210  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
None  
Address (Give address to which approved copy of this form is to be sent)  
Is gas actually connected? No  
When

Is this production 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'r. ☐ Diff. Res'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  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
Post FD-3  
12-5-86  
Chg Up

TEST DATA AND REQUEST FOR ALLOWABLE  
OIL 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

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  
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.  
Riley Wickerham  
Clerk  
Sept 1, 1986  
OIL CONSERVATION COMMISSION  
DEC 3 1986  
APPROVED  
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 deep well, this form must be accompanied by a tabulation of the device 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 change well name or number, or transporter, or other such change

