

SI Oct 1998

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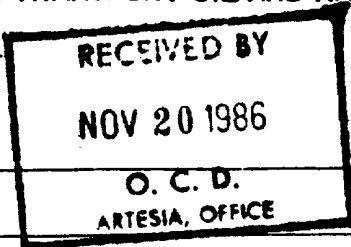
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April 1999

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DISTRIBUTION  
STATE  
FEDERAL  
S.G.S.  
AND OFFICE  
TRANSPORTER  
PERATOR  
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



Mountain States Petroleum Corp.

P.O. Box 1936 Roswell, New Mexico 88201

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

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

DESCRIPTION OF WELL AND LEASE  
Well Name: Levick C State Well No.: 101 Pool Name, including Formation: Coyote Queen Kind of Lease: State, Federal or Fee State Lease No.: E 8879

Location: Unit Letter L; 1650 Feet From The So. Line and 990 Feet From The West  
Line of Section 15 Township 11 S. Range 27 E, NMPM, Chaves Count

SIGNATURE 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)

Well produces oil or liquids, or location of tanks. Unit L Sec. 15 Twp. LLS Rge. 27E Is gas actually connected? No 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. Res.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Locations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Formations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Past ID-3
			12-5-86
			ahg ap

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 all able for this depth or be for full 24 hours)

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/MCF 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 is true and complete to the best of my knowledge and belief.  
Riley Wickham (Signature)  
Clerk (Title)  
Sept. 1, 1986 (Date)

OIL CONSERVATION COMMISSION  
APPROVED DEC 3 1986  
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 deeper 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 owner, well name or number, or transporter, or other such change of condition.