

ANTAF.E		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and Effective 1-1-85	
ILE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RECEIVED BY NOV 20 1986 O. C. D. ARTESIA, OFFICE			
S.G.S.							
LAND OFFICE							
TRANSPORTER		OIL					
		GAS					
OPERATOR		<input checked="" type="checkbox"/>					
PRORATION OFFICE							
Operator		Mountain States Petroleum Corp.					
Address		P.O. Box 1936 Roswell, New Mexico 88201					
Reason(s) for filing (Check proper box)		Change in Transporter of:				Other (Please explain)	
New Well		<input type="checkbox"/>	Oil		<input type="checkbox"/>	Dry Gas	
Recompletion		<input type="checkbox"/>	Casinghead Gas		<input type="checkbox"/>	Condensate	
Change in Ownership		<input checked="" type="checkbox"/>					
If 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							
Lease Name		State E 92	Well No.	11	Pool Name, including Formation	Brown Queen Grayburg	Kind of Lease
							State, Federal or Fee State
Location		Unit Letter G : 2310 Feet From The NO. Line and 1980 Feet From The East					
		Line of Section 26 Township 10 S Range 26 E , NMPM, Chaves Cour					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil		<input type="checkbox"/>	or Condensate		Address (Give address to which approved copy of this form is to be sent)		
None							
Name of Authorized Transporter of Casinghead Gas		<input type="checkbox"/>	or Dry Gas		Address (Give address to which approved copy of this form is to be sent)		
None							
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
If 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'r.
							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							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
						Post ID-3	
						12-5-86	
						Chg Op	
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	
GAS 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				OIL CONSERVATION COMMISSION			
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.				APPROVED DEC 3 1986			
				BY Original Signed By Les A. Clements			
				TITLE Supervisor District 11			
Rudy Wickersham (Signature) Clerk Sept. 1, 1986 (Date)				This form is to be filled 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 deviat tests taken on the well in accordance with RULE 111.			
				All sections of this form must be filled out completely for all able 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 conditi			
				Separate Form C-104 must be filed for each well in order			