

|                  |     |  |
|------------------|-----|--|
| DISTRIBUTION     |     |  |
| ANTA FE          |     |  |
| ILE              |     |  |
| .S.G.S.          |     |  |
| AND OFFICE       |     |  |
| TRANSPORTER      | OIL |  |
|                  | GAS |  |
| OPERATOR         |     |  |
| PRORATION OFFICE |     |  |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWA E  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
RECEIVED

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

JAN 21 1988

I. Operator Mountain States Petroleum Corp. P O Box 1936 Roswell, N M 88201  
Address P O Box 1936 Roswell, N Mex. 88201  
Reason(s) for filing (Check proper box) ☐ New Well ☐ Change in Transporter of:  
☐ Recompletion ☐ Oil ☐ Dry Gas  
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate  
Other (Please explain) \_\_\_\_\_  
If change of ownership give name and address of previous owner Slayton Oil Corp., P O Box 2035 Roswell, New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE

|   |                       |   |   |                          |
|---|-----------------------|---|---|--------------------------|
| Lease Name<br><u>State E 92</u>   | Well No.<br><u>11</u> | Pool Name, including Formation<br><u>Brown Queen Grayburg</u> | Kind of Lease<br>State, Federal or Fee <u>State</u> | Lease No.<br><u>E 92</u> |
| Location<br>Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u><br>Line of Section <u>26</u> Township <u>10 S</u> Range <u>26 E</u> , NMPM, <u>Chaves</u> County |                       |   |   |                          |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br><u>WELL SI</u> | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>           | 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. Rge. Is gas actually connected? When                      |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. 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.     |                    |        |           |             |            |
| 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       | DEPTH SET    | SACKS CEMENT SACKS |        |           |             |            |
|                                      |                             |                 |              |                    |        |           |             |            |
|                                      |                             |                 |              |                    |        |           |             |            |
|                                      |                             |                 |              |                    |        |           |             |            |

V. 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 allowable 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            |

VI. 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.

Ruby Williams  
(Signature)  
Clerk  
(Title)  
Sept. 1, 1986  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 21 1988, 19\_\_\_\_\_  
BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

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 ownership, well name or number, or transporter, or other such change of conditions.  
Separate Form C-104 must be filed for each well to maintain

