ANTA FE	✓	✓
ILE	✓	✓
.S.G.S.		
.AND OFFICE		
TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR	✓	
PRORATION OFFICE		

REQUEST FOR ALLOWABL
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

SWD

Operator: Mountain States Petroleum Corp.

Address: P.O. Box 1936 Roswell, New Mexico 88201

Reason(s) for filing *(Check proper box)*

- New Well [ ]
- Recompletion [ ]
- Change in Ownership [X]

Change in Transporter of:
- Oil [ ]
- Dry Gas [ ]
- Casinghead Gas [ ]
- Condensate [ ]

Other *(Please explain)*

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	Well No.	Pool Name, Including Formation	Kind of Lease: State, Federal or Fee	Lease N
Everna Faircloth C	1	Acme San Andres	Fee	

Location

Unit Letter N ; 330 Feet From The So. Line and 2310 Feet From The West

Line of Section 32 Township 7 So. Range 27 E , NMPM, Chaves Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: SWD

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.	Rge.	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'v.	Diff. Re

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

OIL WELL

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 *(pitot, 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.

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

OIL CONSERVATION COMMISSION

APPROVED DEC 3 1986, 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 deepe well, this form must be accompanied by a tabulation of the devia 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 ow well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in multi

[illegible]