

ANTAF E		✓		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
ILE		✓		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and	
S.G.S.		✓		AND		Effective 1-1-65	
AND OFFICE		✓		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER		OIL		RECEIVED BY NOV 20 1986 O. C. D. ARTESIA, OFFICE			
		GAS					
OPERATOR		✓					
PRORATION OFFICE		✓					
Operator							
Mountain States Petroleum Corp.							
Address							
P.O. Box 1936 Roswell, New Mexico 88201							
Reason(s) for filing (Check proper box)						Other (Please explain)	
New Well		<input type="checkbox"/>		Change in Transporter of:			
Recompletion		<input type="checkbox"/>		Oil		<input type="checkbox"/>	
Change in Ownership		<input checked="" type="checkbox"/>		Casinghead Gas		<input 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		Well No.		Pool Name, Including Formation		Kind of Lease	
Sinclair State		1		Acme San Andres		State, Federal or Fee State	
Location							
Unit Letter		E		1650 Feet From The		No. Line and 990 Feet From The West	
Line of Section		5		Township 8 So.		Range 27E, NMPM, Chaves County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Company				No. Freeman Ave. Artesia, New Mexico 88210			
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)			
None							
If well produces oil or liquids, give location of tanks.		Unit		Sec.		Twp.	
		E		5		8S	
						27E	
						No	
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	
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 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 (piros, 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			
				Original Signed By			
				BY Les A. Clements			
				Supervisor District II			
				TITLE			
Ricky Wickersham				This form is to be filed in compliance with RULE 1104.			
(Signature)				If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
Clerk				All sections of this form must be filled out completely for allowable on new and recompleted wells.			
Sept. 4, 1986				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.			
(Date)				Separate Form C-104 must be filed for each well in multiple			

