

ANTAF E	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
AND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OIL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GAS	<input type="checkbox"/>	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-105
Effective 1-1-63

RECEIVED BY
NOV 20 1986
O. C. D.
ARTESIA, 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"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <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		Kind of Lease	Lease No.
Lease Name	Well No.	State, Federal or Fee	State
Standard State	2	State	E 3614
Location			
Unit Letter	B	330 Feet From The	No. Line and 1650 Feet From The East
Line of Section	5	Township	8 So. Range 27 E, NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		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.	Pge.	Is gas actually connected?	When
	A	5	8 So.	27E	No	

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Designate Type of Completion - (X)									
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
			Past 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 (pitot, 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
	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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
	All sections of this form must be filled out completely for a well on new and recompleted wells.
	Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
	Separate Forms C-104 must be filed for each well in an
Signature: <i>Quincy W. Webershan</i>	
Clerk	
Sept 1, 1986	
(Date)	