

DISTRIBUTION
 ANTA FE ☒
 ILE ☒
 .S.G.S. ☐
 AND OFFICE ☐
 TRANSPORTER ☐
 OIL ☒
 GAS ☐
 OPERATOR ☒
 PRORATION OFFICE ☐
 Operator

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104
 Effective 1-1-63

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

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 ☐ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

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 Lease
 Levick C State 100 Coyote Queen State, Federal or Fee State E 8879
 Location
 Unit Letter M : 990 Feet From The So Line and 330 Feet From The West
 Line of Section 15 Township 11 So. Range 27 E , NMPM, Chaves Cour

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
 None
 Well produces oil or liquids, Unit Sec. Twp. Pge. Is gas actually connected? When
 Give location of tanks. 15 11 S 27E No

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
 Part ID-3
 12-5-86
 chg op

TEST DATA AND REQUEST FOR ALLOWABLE
 L WELL (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

IS 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
 is true and complete to the best of my knowledge and belief.
 (Signature)
 Clerk
 (Title)
 12/1/1986
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED DEC 3 1986
 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 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 condi-

