

ANTAFE		ILE		S.G.S.		AND OFFICE		TRANSPORTER		OIL		GAS		OPERATOR		PRORATION OFFICE			
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS																RECEIVED BY NOV 20 1986 O. C. D. ARTESIA, OFFICE		SI	
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"/> Dry Gas <input type="checkbox"/>									
Change in Ownership <input checked="" 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																			
Lease Name Levick C State				Well No. 104		Pool Name, including Formation Coyote Queen				Kind of Lease State, Federal or Fee State				Lease E 8879					
Location																			
Unit Letter L : 2310 Feet From The So Line and 330 Feet From The West																			
Line of Section 15 Township 11 So. Range 27 E, NMPM, Chaves Coun																			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>										Address (Give address to which approved copy of this form is to be sent)									
SF																			
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.		Pge.		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'tv. 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							
												Past FD-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																			
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.																			
OIL CONSERVATION COMMISSION																			
APPROVED DEC 3 1986																			
BY Original Signed By Les A. Clements																			
TITLE Supervisor District II																			
This form is to be filled 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 device 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 well name or number, or transporter, or other such change of condition.																			
Form C-104 must be filled for each well in pool.																			
Clerk Ruby Wickerson (Signature)																			
Sept. 1, 1986 (Date)																			