

AMOUNT		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and Effective 1-1-65	
FILE		AND			
S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		RECEIVED BY			
OIL		MAY 12 1987			
GAS		O. C. D.			
OPERATOR		ARTESIA, OFFICE			
PRODUCTION 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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>		Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
Everna Faircloth B		#3		Acme San Andres	
Kind of Lease		State, Federal or Fee		Fee	
Location					
Unit Letter		P		660 Feet From The	
Line of Section		32		Township 7 So Range 27 E	
County		Chaves		NMPM,	
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)			
Permian Corp.		Permian (Eff. 9/1/87) 101 E. Marland, Room 104, Hobbs, N.M. 88240			
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.	
P		32		7S	
Twp.		27 E		Is gas actually connected?	
no		When			
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, CR, 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					
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		Post ID-3 4. NRC		chg 5-10-87	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
Gas - MCF					
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MCF	
Gravity of Condensate					
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
Choke Size					
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED MAY 12 1987					
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 deviate 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 own well name or number, or transporter, or other such change of conditions.					
Supersedes Old C-104 and is to be filed for each well to which it applies.					
Signature: Ruby Wickham Clerk 05/01/87 (Date)					