

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

FILE, S.G.S., LAND OFFICE, TRANSPORTER (OIL, 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) New Well, Recompletion, Change in Ownership, Change in Transporter of: Oil, Casinghead Gas, Dry Gas, Condensate

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 Avalanche Journal State, Well No. 4, Pool Name Acme San Andres, Kind of Lease State, Location Unit Letter K, 2310 Feet From The So. Line and 1650 Feet From The West

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Company, Address No. Freeman Ave. Artesia, New Mexico 88210

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

COMPLETION DATA

Designate Type of Completion - (X), Date Spudded, Date Compl. Ready to Prod., Total Depth, P.B.T.D., Elevations, Name of Producing Formation, Top Oil/Gas Pay, Tubing Depth, Perforations, Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

Table with columns: 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 testable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks, Date of Test, Producing Method, 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, Tubing Pressure, Casing Pressure, 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.

Signature: Ruby Wickersham, Title: Clerk, Date: Sept. 1, 1986

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 deepened 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 allowable on new and recompleted wells. 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. Separate Forms C-104 must be filed for each well to authorize

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