

AMOUNT PAID		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
FEE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and	
S.G.S.		AND		Effective 1-1-65	
LOCAL OFFICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER		RECEIVED BY			
OIL		NOV 20 1986			
GAS		O. C. D.			
OPERATOR		ARTESIA, OFFICE			
PRODUCTION OFFICE		ST			
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		Change in Transporter of:			
Recompletion		Oil			
Change in Ownership		Casinghead Gas			
		Dry 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.		Kind of Lease	
McAlester State		#5		State, Federal or Fee	
Location		Coyote Queen		State F 8879	
Unit Letter		1650		Feet From The	
L		So		Line and	
		330		Feet From The West	
Line of Section		10		Township	
10		11 S		Range	
		27 E		, NMPM,	
		Chaves		County	
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)	
ST					
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
Well produces oil or liquids, give location of tanks.		Unit		Sec.	
		Twp.		Pgs.	
		Is gas actually connected?		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	
Explorations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
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 oil 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	
AS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MCF	
				Gravity of Condensate	
Testing Method (pilot, 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.					
Clerk					
Sept 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 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 condition.					

