

AMOUNT		REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and Effective 1-1-85	
ILE		AND			
S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRODUCTION OFFICE					
Operator					
Mountain States Petroleum Corp.		RECEIVED BY		SI	
Address		NOV 20 1986			
P.O. Box 1936		O. C. D.			
Roswell, New Mexico 88201		ARTESIA, OFFICE			
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"/>	
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	
McAlester State		#8		Coyote Queen	
Location		Kind of Lease		Lease	
		State, Federal or Fee		State E 8879	
Unit Letter		2310 Feet From The		Line and 2310 Feet From The	
P		NO		West	
Line of Section		Township		Range	
10		11 S		27 E	
				NMPM, Chaves	
				Cou	
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)	
SI					
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.		Pge.	
		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. Res'	
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 ID-3	
				12-5-86	
				chg op	
TEST DATA AND REQUEST FOR ALLOWABLE					
(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil available for this depth or be for full 24 hours)					
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 (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.					
Riley Wickham					
(Signature)					
Clerk					
Sept. 1, 1986					
(Date)					
OIL CONSERVATION COMMISSION					
APPROVED DEC 3 1986					
BY					
Original Signed By					
Les A. Clements					
TITLE					
Supervisor					
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 owner name or number, or transporter, or other such change of condition.					

