

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ANTAFE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ILE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

RECEIVED BY  
**JAN 12 1984**  
O. C. I. D.  
ARTESIA OFFICE

Operator: Slayton Oil Corp.

Address: P. O. Box 2035 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership

Other (Please explain):

If change of ownership give name and address of previous owner: Paul Slayton P. O. Box 1936, Roswell, New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico A State</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Coyote Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E 873</u>
Location: Unit Letter: <u>0</u> ; <u>330</u> Feet From The <u>So.</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>11 S</u> Range <u>27 E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>No. Freeman Ave. Artesia, N M 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>none</u>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. <u>07</u>	Unit: <u>10</u> Sec: <u>11S</u> Twp: <u>27E</u> Is gas actually connected? <u>no</u> 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	Deeper	Plug Back	Same Res't.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.I.T.D.		
Elevations (DF, AAE, 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

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 able 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 - Ebls.	Water - Ebls.	Gas - MCF

*Post 20-3  
2-17-84  
Chg. D.P.*

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Ebls. 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.

Ruby Wickersham  
(Signature)  
Clerk  
(Title)  
Jan. 1, 1984  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 13 1984, 19  
BY Original Signed By  
Leslie 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. Form C-104 must be filed for each test to make