

Memo:

From

CHARLIE PERRIN
Field Representative

To #3 30-031-20424

8 ⁵/₈ 106 No Record

4 ¹/₂ 1952 Est To 250 165 SX

Left 1797 - 1844

No zones in wf

190 - Surface

1195 - 793'

1952' - 1656'

Oil Conservation Division
PO Box 1980, Hobbs, New Mexico 88241-1980

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Paul Slayton	
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 type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Fairfax Exploration, Inc., 425 Washington S.E., Albuq. NM 87108

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name Bullseye	Well No. 3	Pool Name, Including Formation Marcelina-Dakota	State, Federal or Fee Fee
Location			
Unit Letter N	700	Feet From The South	Line and 1650
Line of Section 18		Township 16 N	Range 9 W
		NMPM,	McKinley
		County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		202 Pet. Plaza Bldg, Farmington, NM	
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 N	Sec. 18	Twp. 16N
		Rge. 9W	Is gas actually connected? No
			When

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

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X							
Date Spudded 10-15-74	Date Compl. Ready to Prod. 5-1-76	Total Depth 1952		P.B.T.D. 1885					
Elevations (DF, RKB, RT, GR, etc.) 7248 GR	Name of Producing Formation Dakota "A"	Top Oil/Gas Pay 1797		Tubing Depth 1802					
Perforations 1797-1805, 1809-1817, 1822-1828, 1888-1844 / 4 shots/ft.				Depth Casing Shoe 1952					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11 1/2	8 5/8		106		Cemented to surface				
6 1/4	4 1/2		1952		165				
--	2 3/8		1802						

V. 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

Paul Slayton
(Signature)

OWNER
(Title)

8-31-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 4 - 1981

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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 deviation 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 pool in multiply completed wells.