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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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 <b>Paul Slayton</b>	
Address <b>P. O. Box 1936, Roswell, New Mexico 88201</b>	
Reason(s) for filing (Check proper box) 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"/>	
Other (Please explain)	

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

DESCRIPTION OF WELL AND LEASE				
Lease Name <b>Bullseye</b>	Well No. <b>7</b>	Pool Name, Including Formation <b>Marcelina-Dakota</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>D</b> : <b>330</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>West</b> Line of Section <b>19</b> Township <b>16 N</b> Range <b>9W</b> , NMPM, <b>McKinley</b> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian Corporation</b>		Address (Give address to which approved copy of this form is to be sent) <b>202 Pet. Plaza Bldg., Farmington, NM</b>				
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 <b>D</b>	Sec. <b>19</b>	Twp. <b>16N</b>	Pge. <b>9W</b>	Is gas actually connected? <b>No</b>	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)	<b>X</b>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>3-16-77</b>	Date Compl. Ready to Prod. <b>12-31-77</b>	Total Depth <b>1774</b>		P.B.T.D. <b>1774</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>7187 Gr</b>	Name of Producing Formation <b>Dakota "A"</b>	Top Oil/Gas Pay <b>1749</b>		Tubing Depth <b>1746</b>					
Perforations <b>Open Hole 1749-1774</b>				Depth Casing Shoe <b>1746</b>					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12 1/2</b>	<b>10 3/4</b>	<b>60</b>	<b>30 Sx. -cement to sur</b>
<b>7 7/8</b>	<b>5 1/2</b>	<b>1746</b>	<b>130 Sx Pozmix A</b>
<b>--</b>	<b>2 7/8</b>	<b>1746</b>	

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	Quality 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 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

**SEP 4 - 1981**

APPROVED \_\_\_\_\_

BY \_\_\_\_\_ Original signed by FRANK T. CHASEZ

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.