| ANTA FE | REQUEST | FOR ALLOWABLE | />x | Supersedes Old C-104 and C- | |
|---|---|--|---------------------------------------|---|--|
| ILE .S.G.S. | REQUEST FOR ALLOWABLE Supersedes Old C-104 and C- Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST APROPLE | | | | |
| AND OFFICE | _ AUTHORIZATION TO TR | ANSPORT OIL AND N | A LANGE CHASE | En. | |
| TRANSPORTER OIL |] | | APRO | FA | |
| OPERATOR GAS | - | | OIL CO | P192 | |
| PRORATION OFFICE | | | NOV | 104 | |
| Operator | Slayton Oi | 1 Conn | OIL CON | OIV | |
| Address C | P.O. Box 2035 | Roswell, New 1 | | | |
| Reason(s) for filing (Check proper bo | ×) | Other (Please | | | |
| Recompletion | Change in Transporter of: OII Dry G | as 🗍 | | | |
| Change in Ownership X | Casinghead Gas Conde | nsate 🗍 | | | |
| f change of ownership give name and address of previous owner | Paul Slayton P. C. | Box 1936 Rosy | vell, New 1 | 1exico 88201 | |
| DESCRIPTION OF WELL AND | LEASE | | | | |
| Marcelina | Well No. Pool Name, Including F 5 Marcelina/[| 1 | Kind of Lease State, Federal or Fe | NM122€91• №. •• Federal | |
| Location | | | | | |
| Unit Letter A ; 9 | 90 Feet From The No. Lin | ne and | Feet From The | East | |
| Line of Section 24 To | waship 16 N Range | 10 W , NMPM, | McKinl | ey County | |
| FSIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | AS | | | |
| Name of Authorized Transporter of Of Permain Corp. | 1 X or Condensate | P O Box 1702 | | py of this form is to be sent) N. M. 87401 | |
| Name of Authorized Transporter of Ca | singhead Gas or Dry Gas | t . | • | py of this form is to be sent) | |
| none | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Ege. A 24 16N 10W | Is gas actually connecte NO | d? When | | |
| this production is commingled wi | ith that from any other lease or pool, | give commingling order | | | |
| Designate Type of Completi | on - (X) | New Well Workover | Deepen Pluc | Back Same Res'v. Diff. Res' | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B | .т.р. | |
| | | | Tab | ing Depth | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | 1 40 | ту Бери | |
| Perforations | | | Dep | th Casing Shoe | |
| | TUBING, CASING, AND | D CEMENTING RECORD | <u> </u> | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SE | | SACKS CEMENT | |
| | | | | | |
| | | | | | |
| | OD ALLOWARY F. (T | | at lead oil and me | ust be equal to or exceed top allo | |
| EST DATA AND REQUEST F | able for this de | pth or be for full 24 hours) | | | |
| Date First New Cil Run To Tanks | Date of Teet | Producing Method (Flow, | pump, gas lift, etc. | , | |
| ength of Teet | Tubing Pressure | Casing Pressure | Cho | ke Size | |
| Actual Prod. During Test | Cil-Bbis. | Water-Bbis. | Gα∎ | -MCF | |
| , cross, p. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | | |
| AC WELL | | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Græ | vity of Condensate | |
| Feeting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut- | in) Cho | ke Size | |
| ERTIFICATE OF COMPLIAN | CF. | OIL C | ONSERVATIO | N COMMISSION | |
| ENTIFICATE OF COMPENSION | | | | 1984 | |
| ommission have been complied w | regulations of the Oil Conservation with and that the information given | APPROVED | Signed by FRANK | | |
| ove is true and complete to the | best of my knowledge and belief. | 87 | ALIDED HOOF PLOT | | |
| | | TITLE | | | |
| Hard Starton | her rest | If this is a requ | est for allowable | lance with RULE 1104. for a newly drilled or deepend | |
| /Signe | A / | well, this form must tests taken on the w | be accompanied l | by a tabulation of the deviation | |
| Operator (/ | <u>V</u> | All sections of | this form must be | filled out completely for allo | |
| Jan. 1, 1984 | | able on new and rec Fill out only S | ections I. II. III. | and VI for changes of owner | |
| (Da | ite) | well name or number. | or transporter, or | other such change of condition | |

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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-11Elfective 1-1-65

| FILE | | AND | | | |
|---|---|--|--|--|--|
| U.S.G.S. | AUTHORIZATION TO TRAI | NSPORT OIL AND NATURAL G | AS | | |
| OIL | · · | • | | | |
| TRANSPORTER GAS | | | | | |
| OPERATOR | | | | | |
| PAGRATION OFFICE | | | | | |
| Sperator = | - · · · · · · · · · · · · · · · · · · · | _ | | | |
| Adaress | Evans Production (| | | | |
| | a Cir., N.W., Albuquer | que. New Mexico 8710 | 0.7 | | |
| Reason(s) for filing (Check proper | box) | Other (Please explain) | | | |
| New Well | Change in Transporter of: | | ļ | | |
| Recompletion | Oti Dry Gas | • • 🔲 | | | |
| Change in Ownership | Casinghead Gas Condens | sate | | | |
| f change of ownership give ner- nd address of previous owner_ | Slayton Oil Corp. P.O | . Box 2035, Roswell | New Mexico 88201 | | |
| DESCRIPTION OF WELL A | ND LEASE Well No. Pool Name, Including Fo | ermation Kind of Leas | Lease No. | | |
| Lesse Name | _ | State Federa | Fod NM (17201) | | |
| Marcelina Location | 5 Marcelina/D | lakota | | | |
| Unit Letter A | 990 Feet From The No. Line | e and 330 Feet From | rhe East | | |
| Line of Section 24 | Township 16 N Range | 10 W , ммрм, МсК | inley County | | |
| | | | | | |
| DESIGNATION OF TRANSP | ORTER OF OIL AND NATURAL GA | S Address (Give address to which appro | ved copy of this form is to be sent) | | |
| Name of Authorized Transporter o | | 1 | | | |
| Permiam Corporat | Casinghed Gas or Dry Gas | P.O. Box 1702. Far Address (Give address to which appro | mington. N.M. 87401 ved copy of this form is to be sent) | | |
| Name of Authorized Transporter o | Castuduada and Film of Set And Film | | | | |
| | Unit Sec. Twp. Pge. | Is gas actually connected? Wh | en | | |
| If well produces oil or liquids, give location of tanks. | A 24 16N 10W | no | | | |
| | d with that from any other lease or pool, | give commingling order number: | | | |
| COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | |
| Designate Type of Comp | letion – (X) | 1 1 | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, et | tc.; Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| | | | Depth Casing Shoe | | |
| Perforations | | | | | |
| | THRING CASING AND | CEMENTING RECORD | | | |
| | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| HOLE SIZE | | | | | |
| | | | | | |
| | | | | | |
| | | <u>i </u> | <u> </u> | | |
| TEST DATA AND REQUES | T FOR ALLOWABLE (Test must be a | ifter recovery of total volume of load oil spih or be for full 24 hours) | and must be equal to or exceed top allow- | | |
| O.L. WELL | | Producing Method (Flow, pump, gas i | ift, etc.) | | |
| Date First New Oil Run To Tank | Date of Yest | A STATE OF S | | | |
| 4.7 | Tubing Pressure | Casing Pressure | Choke Size | | |
| Length of Test | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| Actual Prod. During Test | Oil-Bble. | Water-Bbl DEC 05 138 | Gas-MCF | | |
| | | OIL CON. | | | |
| CAS WELL | | Bbls. Condensate/MMCFDIST. 3 | Gravity of Condensate | | |
| Actual Prod. Test-MCF/D | Length of Test | BDIS, CONSENSUE/MMCF | | | |
| | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | |
| Testing Method (pitot, back pr.) | , and created and and | | | | |
| | TANCE | . OIL CONSERV | ATION COMMISSION | | |
| CENTIFICATE OF COMPL | IANUE | 130-85 | 4005 | | |
| المراجع | and regulations of the Oil Conservation | 1 | AN 7 1985 · 19 ——— | | |
| | ian with and that the illivillation between | 1) | | | |
| above is true and complete t | o the best of my knowledge and belief. | | SPACOD DISTRICT | | |
| | | 11166 | ERVISOR DISTRIOT # 3 | | |
| 1 1 | 5 | This form is to be filed in | compliance with RULE 1104. | | |
| Sid (1991) | | If this is a request for all | A LI Lin for a manulu Arilliad of Goodius | | |
| - Charles | (Signature) | well, this form must be accome | well, this form must be accompanied by a transfer with RULE 111. | | |
| Operator | | Att ancions of this form t | aust be filled out completely for silow | | |
| VVETALUL | (Title) | able on new and recompleted | and are for changes of owner | | |
| October 1, 1984 | · | Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions. | | | |
| | (Date) | Separate Forms C-104 mi | est be filed for each pool in multiply | | |
| | | completed wells. | | | |