ANTA PE ILE .s.g.s. AND OFFICE IRANSPORTER GAS OPERATOR

Supersedes Old C-104 and C-REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operator Slayton Oil Corp. Address Roswell : New Mexico 8820 P. O. Box 2035 Other (Please explain) Reason(s) for filing (Check proper box) Lew Well Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership X f change of ownership give name and address of previous owner ___ Paul Slayton P. O. Box 1936 Roswell, New Mexico 88201 DESCRIPTION OF WELL AND LEASE 12201 Kind of Lease ell No. Pool Name, Including Formation
Marcelina/Dakota Fed.NM Marcelina State, Federal or Fee Location 330 NO ___Line and ___ Feet From The East 1650 Feet From The_ Unit Letter County McKinley 16 N Range 10 W , NMPM, Township Line of Section 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 X P 0 Box 1702 Farmington, N M 87401

Address (Give address to which approved copy of this form is to be sent) Permian Corp. Name of Authorized Transporter of Casinghead Gas or Dry Gas Sec. Is gas actually connected? Unit If well produces oil or liquids, 24 i 16 Ni 10W no ٠H give location of tanks. this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Plug Back Same Res'v. Diff. Res' Gas Well New Well Designate Type of Completion - (X) F.B.T.D. Total Depth Date Compl. Ready to Prod. Tubing Depth Name of Producing Formation Top Oll/Gas Pay Elevations (DF, RKB, RT, CR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top alloable for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Gas - MCF Water - Bbis. Oil-Bbls.

Length of Test Actual Prod. During Test

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

CERTIFICATE OF COMPLIANCE

Jan. 1, 1934

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.

(Signature) Operator (Title)

(Date)

OIL CONSERVATION COMMISSION

APR 03 1984 APPROVED_ Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3 TITLE .

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep

well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of own ell name or number, or transporter, or other such change of conditi in thems 10,500 miles to filed for