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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

B.K.

Operator **Paul Slayton**

Address **P.O. Box 1936, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 12	Pool Name, including Formation Marcelina-Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter M	330	Feet From The South	Line and 910	Feet From The West
Line of Section 18	Township 16N	Range 9W	NMPM, McKinley	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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 202 Pet. Plaza Bldg, Farmington, N.M.			
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 M	Sec. 18	Twp. 16N	Rge. 9W
	Is gas actually connected?		When	
	No			

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-27-80	Date Compl. Ready to Prod. 12-17-80		Total Depth 1828		P.B.T.D. 1828			
Elevations (DF, RKB, RT, GR, etc.) 7218 GR	Name of Producing Formation Dakota "A"		Top Oil/Gas Pay 1765		Tubing Depth 1761			
Perforations Open Hole 1765-1828					Depth Casing Shoe 1761			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	9 5/8		82		50 SX.			
7 7/8	5 1/2		1761		285 SX.			
--	2 7/8		1761		--			

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 12-19-80	Date of Test 12-21-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 20#	Casing Pressure Open	Choke Size --
Actual Prod. During Test 11.7 bbls	Oil-Bbls. 8.4	Water-Bbls. 3.3	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Lewis C. Johnson
(Signature)
Geologist
(Title)
1-6-81
(Date)

OIL CONSERVATION COMMISSION

AUG 27 1981

APPROVED _____
BY *Original Signed by FRANK I. 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.