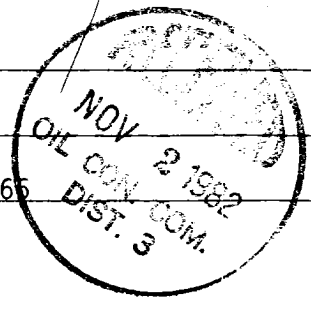


ANTA FE
 ILE
 S.G.S.
 AND OFFICE
 TRANSPORTER
 OIL
 GAS
 OPERATOR
 PRORATION OFFICE

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and 6
 Effective 1-1-85



Operator: Slayton Oil Corp.
 Address: P. O. Box 150 Farmington, New Mexico 87401 Ph-327-6065
 Reason(s) for filing (Check proper box):
 New Well ☐ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name and address of previous owner: Suburban Propane Exploration Co, Inc. 2120 Alamo National Bldg. San Antonio, Texas 78205

1. DESCRIPTION OF WELL AND LEASE
 Lease Name: NW Cha Cha Unit 25 Well No.: 14 Pool Name, Including Formation: Cha Cha Gallup Kind of Lease: N/A 14-20-603
 State, Federal or Fee: Federal 2172
 Location:
 Unit Letter: M ; 414 Feet From The S Line and 412 Feet From The W
 Line of Section: 25 Township: 29 N Range: 14 W , NMPM, San Juan Count:

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent): Plateau, Inc. Box 108, Farmington, New Mexico 87401
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 0 Sec. 26 Twp. 29N Ege. 14W Is gas actually connected? no 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) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res.
 Date Spudded Date Compl. Ready to Prod. Total Depth F.B.T.D.
 Elevations (DF, RKB, RT, GK, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Gravity 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.
 Ruby Wickersham (Signature)
 Clerk (Title)
 10/01/82 (Date)

OIL CONSERVATION COMMISSION
 APPROVED NOV 2 1982 , 19
 BY Original Signed by CHARLES GHOLSON
 TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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 conditions.
 Separate Form C-104 must be filed for each well in multiple.