

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and 5 Effective 1-1-85	
ANTAFE		REQUEST FOR ALLOWABLE			
ILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator					
Slayton Oil Corp.					
Address					
P. O. Box 150 Farmington, New Mexico 87401 ph-327-6066					
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 and address of previous owner					
Suburban Propane Exploration Co, Inc. 2120 Alamo National Bldg. San Antonio, Texas 78205					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
NW Cha Cha Unit 36		14	Cha Cha Gallup	State, Federal or Fee	14-20-603
Location		2172			
Unit Letter		M		660 Feet From The S Line and 660 Feet From The W	
Line of Section		36 Township 29N Range 14 W		NMPM, San Juan County	
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	Sec.	Twp.	Ege.
		0	26	29N	14W
		Is gas actually connected?		When	
		no			
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
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL					
Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
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.					
APPROVED					
Original Signed by CHARLES GHOLSON					
BY					
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 deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.					
All sections of this form must be filled out completely for a well 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.					
Supersede Form C-104 must be filed for each well to which it applies.					