

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
SLAYTON OIL CORPORATION

Address
BOX 150 FARMINGTON NEW MEXICO 87499

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil ☐ Dry Gas	
☐ Change in Ownership	☐ Casinghead Gas ☐ Condensate	

14-20-603-2200
RECEIVED
JUL 18 1984
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name N.W. CHA CHA ULTT 18	Well No. 32	Pool Name, including Formation CHA CHA GALLUP	Kind of Lease NAVAJO	Lease No. 14-20-603-2200
Location				
Unit Letter <u>G</u> : <u>2200</u> Feet From The <u>N</u> Line and <u>2200</u> Feet From The <u>E</u>				
Line of Section <u>18</u> Township <u>29N</u> Range <u>14W</u> , NMPM, <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256 FARMINGTON NEW MEXICO
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. Rge. Is gas actually connected? When
	G 21 29W 14W NO

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

NOTE: Complete Parts IV and V on reverse side if necessary.

I. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Jack Slayton
(Signature)

(Title)

7-16-84
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 18 1984, 19
BY Original Signed by FRANK T. 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-21-84	Date Compl. Ready to Prod. 6-15-84		Total Depth 4700 feet		P.B.T.D. 4620 feet				
Elevations (DF, RKB, RT, GR, etc.) 5144 Grd	Name of Producing Formation GALLUP		Top Oil/Gas Pay 4422 feet		Tubing Depth 4516 feet				
Perforations 4425-4539		Total 22 holes .37" diameter				Depth Casing Shoe 4668.61			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	261	233sx or 225 cu. ft.
7 7/8	4 1/2	4668.61	Two stage Total 975sx
			First stage 393cu ft.
	2 3/8	4516	2nd stage 1407.5 cu ft

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 test allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-15-84	Date of Test 7-8-84	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24HRS	Tubing Pressure -----	Casing Pressure 50 lbs	Cable Size 2 inch
Actual Prod. During Test	Oil - Bbls. 42	Water - Bbls. 40	Gas - MCF 30 MCF est

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Setting Method (plug, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Cable Size