STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUL 18 1984
OIL CON. DIV.
DIST. 3

Operator
SLAYTON OIL CORPORATION

Address
BOX 150 FARMINGTON NEW MEXICO 87499

Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain) Correct name to NW Cha Cha Unit #13

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

I. DESCRIPTION OF WELL AND LEASE

14-20-603-2200A

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
NW CHA CHA UNIT 18	13	CHA CHA GALLUP	State, Federal or Fee NAVAJO	

Location
Unit Letter I : 2130 Feet From The S Line and 870 Feet From The WEST

Line of Section 18 Township 29N Range 14W , NMPM, SAN JUAN County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
GIANT REFINING COMPANY	P.O.BOX 256 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.	Rge.	Is gas actually connected?	When
	C	21	29N	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.*

III. CERTIFICATE OF COMPLIANCE

I 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)

IV. 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-30-84	7-6-84	4700	4620
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
~~5144 Gnd~~ 5136	GALLUP	4392	4508
Perforations			**Depth Casing Shoe**
4394-4497 TOTAL 26 holes .35" diameter			4689

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	265	265sx or 312.7 cu ft
7 7/8	4 1/2	4689	Two stage 1070sx First
			stage 380 cu ft 2nd
	2 3/8	4508	stage 1640.6 cu ft

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-6-84	7-7-84	PUMP	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24HRS	42 bbls	50lbs	2 inch
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	42	20	30 est

GAS WELL

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