

NO. OF COPIES RECEIVED	1
DISTRIBUTION	
SANTA FE	1
FILE	1 ✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	
PRODUCTION 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

JAN 15 1973

**O. G. S.**

ARTESIA, OFFICE

I. Operator Paul Slayton

Address 2827 N. Sycamore Roswell, N. M.

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 Mercury Production Co. Ft. Worth, Texas 76102

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>E-92</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Brown Queen-grayburg</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-92</u>
Location				
Unit Letter <u>G</u>	<u>1650</u> Feet From The	<u>N</u> Line and	<u>2310</u> Feet From The	<u>E</u>
Line of Section <u>26</u>	Township <u>10S</u>	Range <u>26E</u>	<u>NMPM</u> , <u>Chaves</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>The Permian Corp.</u>	<u>P. O. Box 1183 Houston, Texas</u>			
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 <u>F</u>	Sec. <u>26</u>	Twp. <u>10S</u>	Rge. <u>26E</u>
			Is gas actually connected? <u>No</u>	When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth		Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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 (pitot, 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.

Paul Slayton  
 (Signature)  
Operator  
 (Title)  
1-10-73  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 17 1973, 19\_\_\_\_  
 BY W. A. Grasset  
 TITLE OIL AND GAS INSPECTOR

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 in well name or number, or transporter, or other such change.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.