	ANTAFE	REQUEST	FOR ALLOWA E	-	Supersedes O	ld C-104 an
	ILE V	_	AND	RE	CEIVED BY	7
	.5.6.5.	AUTHORIZATION TO TRA	INSPORT OIL AND I			1
	AND OFFICE	-		JA	N 111984	1
	TRANSPORTER GAS	-			O. C. D.	
	OPERATOR /			AR	RTESIA, OFFICE	I
1.	PRORATION OFFICE				TEGIA, OFFICE	<u>.J</u>
•	Operator					
	Slayton Qi	1 Corp. 🗸				
	P. O. Box 2035 Roswell, New Mexico 88201					
	Recson(s) for filing (Check proper box	ZOSS KOSHCII; New	Other (Please	explain)		
	Lew Well	Change in Transporter of:	_			
	Recompletion	Oil Dry Go	s			•
	Change in Ownership X	Casinghead Gas Conden	sate []			
	If change of ownership give name		o n 1026	Decree 1	1 Nov Movic	~ 0020
	and address of previous owner	Paul Slayton P	0. Box 1936,	KOSWEI	I, NEW FEXIL	0 0021
11	DESCRIPTION OF WELL AND	LEASE	·			
11.	Lease Name	Well No. Pool Name, Inc. paint 1	ormation Andres	Kind of Lease	C1-1-	E 36
	Standard State	2 Acme San	Andres	State, Federal	c:) ee	
	Location		3.550		F4	
	Unit Letter B :	330 Feet From The North Lin	e and 1650	_ Feet From T	The <u>East</u>	
	Line of Section 5 To	waship 8 SO. Range	27 E , NMPM	, Chave	:S	Co
	Line of Section 5 To	w.no.mp				
и.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	<u>s</u>	1111	at any of the form in	15 15 5551
	Name of Authorized Transporter of Oi.	or Condensate	Address (Give boaress			
	Navajo Refining Co.	had Carling or Dry Carlin	No. Freeman	o which approx	ed copy of this form is	to be sent)
	Name of Authorized Transporter of Ca	singhedd Gds [] 6: Dif Gds [1	••		
	none	Unit Sec. Twp. F.ge.	Is gas actually connect	ed? Whe		
	If well produces oil or liquids, A 5 8S 27 E NO					
		ith that from any other lease or pool,	give commingling orde	number:		
v.	COMPLETION DATA				Plug Back Same Re	s'v. Diff.
	Designate Type of Completi	on - (X)	New Well Workover	i i	1 I	1
		Date Compl. Ready to Prod.	Total Depth	i	F.B.T.D.	
	Date Spudded	Date Completions				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
			<u> </u>		Depth Casing Shoe	
	Perforations				Deptin Casing Bloo	
		TUBING, CASING, AND	CEMENTING RECOR			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CE	MENT
	HOLE SIZE					
					 	
				of load oil	and must be equal to a:	exceed to
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 to able for this depth or be for full 24 hours) OIL WELL					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor	v, pump, gas lij	(s, esc.) Nort	180-3
					Choke Size	7-94
	Length of Test	Tubing Pressure	Casing Pressure		chg	Dp.
	Tool	Oil-Bbls.	Water - Bbls.		Gos-MCF	
	Actual Prod. During Test					
	GAS WELL				Towns of Continue	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensa	10
			Casing Pressure (Shu	-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Presswe (Shut-in)	Coamy Fred La ()	,,		
) CF	OII	CONSERVA	ATION COMMISSI	ON
71.	CERTIFICATE OF COMPLIANCE		erp 1 9 1984			
	I hereby certify that the rules and regulations of the Oil Conservation		K KOVED			
	Commission have been complied above is true and complete to the	BY Estie A. Clements		ied By		
	above is true and complete to th	e near or mit who when de and poster.	Supervisor District II			
		4	TITLE			
			This form is t	be filed in	compliance with RU	LE 1104. Hed as da
	Suly Wicklissam		If this is a request for allowable for a newly drilled or de- well, this form must be accompanied by a tabulation of the de-			
	(Signature)		tests taken on the	Mell To Scco	roance with RULE 1	11.
	Clerk V (Title)		All sections of this form must be filled out completely for able on new and recompleted wells.			
	In 1 108/					anges of
	(Date)		well name or number, or transporter, or other such change of con			