

ANTAFE			
ILE			
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	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
Effective 1-1-65

RECEIVED
APR 02 1984
OIL CON. DIV.
DIST. 3

Operator Slayton Oil Corp.

Address P. O. Box 2035 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Paul Slayton P. O. Box 1936 Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>Bullseye</u>	Well No. <u>15</u>	Pool Name, Including Formation <u>Marcelina/Dakota</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>So.</u> Line and <u>330</u> Feet From The <u>East</u>			
Line of Section <u>13</u> Township <u>16N</u> Range <u>10 W</u> , NMPM, <u>McKinley</u> Count			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>202 Pet. Plaza Bldg. Farmington, N M</u>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>none</u>	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>P</u>	Sec. <u>13</u>	Twp. <u>16N</u>
		Rge. <u>10W</u>	Is gas actually connected? <u>no</u>

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

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 oil able 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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 <u>APR 02 1984</u> , 19	
		BY <u>Original Signed by FRANK T. CHAVEZ</u>	
		TITLE <u>SUPERVISOR DISTRICT # 3</u>	
Operator <u>Paul Slayton by res</u> (Signature) (Title) Jan. 1, 1984 (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions. Separate Form C-104 must be filed for each well to be added.	