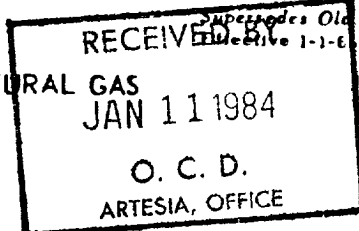


REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



Form with checkboxes for ANTA FE, ILE, S.G.S., LAND OFFICE, TRANSPORTER (OIL, GAS), OPERATOR, and PRORATION OFFICE.

Operator: Slayton Oil Corp. ✓

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

Reason(s) for filing (Check proper box): New Well, Recompletion, Change in Ownership, Change in Transporter of: Oil, Gas, Condensate.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Avalanche Journal State 1; Well No.: Acme San Andres; Pool Name, including Formation; Kind of Lease: State; Location: Unit Letter F, 1980 Feet From The No. Line and 1650 Feet From The West; Line of Section 4, Township 8 S, Range 27 E, NMPM, Chaves.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Navajo Refining Co.; Address: No. Freeman Ave. Artesia, N M 88210; Name of Authorized Transporter of Casinghead Gas: None; Is gas actually connected? No.

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); Date Spudded; Date Compl. Ready to Prod.; Total Depth; F.B.T.D.; Elevations (DF, RKB, RT, GR, etc.); Name of Producing Formation; Top Oil/Gas Pay; Tubing Depth; Perforations; Depth Casing Shoe; TUBING, CASING, AND CEMENTING RECORD table.

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...

Table for OIL WELL test data: 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

Table for GAS WELL test data: Actual Prod. Test-MCF/D, Length of Test, Bbls. Condensate/MMCF, Gravity of Condensate, Testing Method (pitos, 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.

Signature: [Handwritten Signature] Clerk; Title; Date: Jan. 1, 1984

OIL CONSERVATION COMMISSION

APPROVED: FEB 13 1984; Original Signed By: Leslie A. Clements; Supervisor District II

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for a well name or number, or transporter, or other such change of conditions. Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of conditions.