

DISTRIBUTION				
ANTA FE				
ILE				
S.G.S.				
AND OFFICE				
TRANSPORTER	OIL	/		
	GAS			
OPERATOR		/		
PRORATION 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-
Effective 1-1-65

RECEIVED

MAR 23 1979

D.B.C.
ARTESIA, OFFICE

Other (Please explain)

WFO exception # 2-319

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name West	Well No. # 2	Pool Name, Including Formation Empire Yates 7 Rivers	Kind of Lease State, Federal or Fee State	Lease No. L 4855
Location Unit Letter P : 790 999 Feet From The S Line and 790 Feet From The E	Line of Section 24	Township 17S	Range 27E	County Eddy, NMPM

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purch Co.	Address (Give address to which approved copy of this form is to be sent) No. Feeman Av e. Artesia, N Mex 88210
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 P Sec. 24 Twp. 17 Rge. 27
Is gas actually connected? No.	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Date Spudded 1-22-79	Date Compl. Ready to Prod. 2-28-79	Total Depth 454'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3500.3	Name of Producing Formation 7 Rivers	Top Oil/Gas Pay 452 433	Tubing Depth 440'					
Perforations OH 433-54	Depth Casing Shoe 433							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 8"	CASING & TUBING SIZE 7"		DEPTH SET 433		SACKS CEMENT 220 SKS			
	2"		440					

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 3-1-79	Date of Test 3-15-79	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 14 days	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test 112	Oil-Bbls. 112	Water-Bbls. 0	Gas-MCF TSTM

WELL HAS LEVELLED OFF, REQUEST 8 BPD Allowable

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
Operator
03/22/79

OIL CONSERVATION COMMISSION

APPROVED MAR 26 1979

BY W.A. Gressett
TITLE SUPERVISOR, DISTRICT 11

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen 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 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 condition.
Separate Forms C-104 must be filed for each well to which