FILE		
U.S.G.S.	9F	1
LAND OFFICE	File	1 ✓
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

DEC 19 1973

O. C. C.
ARTESIA, OFFICE

I.

Operator

Paul Slayton ✓

Address

P O Box 1936   Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐   Change in Transporter of: Other (Please explain)

Recompletion ☐   Oil ☐   Dry Gas ☐

Change in Ownership ☒   Casinghead Gas ☐   Condensate ☐

If change of ownership give name and address of previous owner ___ Robert H. Birdwell Drawer 40, Artesia, N. Mex. 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease		Lease No.
SRLG Unit	15	Red Lake Grayburg	State, Federal or Fee Federal		LC055561

Location

Unit Letter G ; 2305 Feet From The South (North crossed out) Line and 1664 Feet From The East

Line of Section 35   Township 17 South   Range 27 East   , NMPM,   Eddy   County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐   Address (Give address to which approved copy of this form is to be sent)

~~XXXXXXXXXXXXXXXX~~ Navajo Refining Co. Pipe Line Division   N. Freeman, Artesia, New Mexico 88210

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐   Address (Give address to which approved copy of this form is to be sent)

None

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	35	17	27		

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		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 top allowable for this depth or be for full 24 hours)

OIL WELL

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.

(Signature)

Secretary
(Title)

December 17, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 27 1973 , 19___

BY _____

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 of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.