

FILE  
U.S.G.S. SF 1  
LAND OFFICE file 1  
TRANSPORTER OIL 1  
GAS  
OPERATOR 1  
PRORATION OFFICE

AND  
HORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

DEC 19 1973

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:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

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 SRLG Unit Well No. 24 Pool Name, Including Formation Red Lake Grayburg Kind of Lease State, Federal or Fee Federal Lease No. LC057798  
Location  
Unit Letter I : 1650 Feet From The South Line and 330 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 ☐  
Navajo Refining Co.  
Address (Give address to which approved copy of this form is to be sent)  
N. Freeman, Artesia, N. Mex. 88210  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
None  
If well produces oil or liquids, give location of tanks. Unit I Sec. 35 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 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 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 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.

Secretary  
(Signature)

December 17, 1973  
(Date)

OIL CONSERVATION COMMISSION

DEC 27 1973

APPROVED

BY

OIL AND GAS INSPECTOR

TITLE

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 multiple completed wells.