

DISTRIBUTION			
ANTAFEE		1	
ILL.		1	✓
U.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		1	
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-1
Effective 1-1-65

RECEIVED

JUL 2 1974

Operator B & D Oil Company		O.C.C. ARTESIA, OFFICE
Address P O Box 804 Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)		
New Well	<input type="checkbox"/>	Other (Please explain)
Recompletion	<input type="checkbox"/>	
Change in Ownership	<input checked="" type="checkbox"/>	
Change in Transporter of:		
Oil	<input type="checkbox"/>	Dry Gas <input 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, N. Mexico 88201

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 Federal	Lease No. LC 057798
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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co. Pipeline Division	N. Freeman Ave, 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 I	Sec. 35	Twp. 17S	Rge. 27E	Is gas actually connected? /	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.

B & D Oil Company
Robert L. Slayton
Operators
July 1, 1974

OIL CONSERVATION COMMISSION AUG 20 1974	
APPROVED	19
BY	W. A. Gressett
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.	
Supersede Forms C-104 must be filed for each well in compliance	