ANTA FE		CONSERVATION COMMISSION	Form C-104 Superseder Old C-104 and C-, Elloctive 1+1+85
AND OFFICE TRANSPORTER OIL GAS	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED		
OPERATOR]	JUL 2 19	974
B & D Oil Company		0. C. C	
Address	obs, New Mexico 88240	ARTESIA, DE	
Reason(s) for filing (Check proper box	Change in Transporter of;	Other (Please explain)	
Recompletion Change in Ownership X	Oil Dry G	as	
If change of ownership give name and address of previous owner	Paul Slayton, P O Bo	ox 1936, Roswell, N. Mex	. 88201
II. DESCRIPTION OF WELL AND	Vell No. Pool Name, Including F	Formation Kind of Le	Lease No.
SRLG Unit	29 Red Lake Gra	yburg State, Fede	ral or FeeFederal LC 057798
	Feet From The South	330 ne and Feet From	n TheEast
Line of Section 35 Tow	wnship 17 South Range	27 EAst , NMPM,	Eddy County
III. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G		
Injection Well		Address (ofve daaress to which app	roved copy of this form is so be sent;
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.	Is gas actually connected?	/hen :
If this production is commingled wit IV. COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
Designate Type of Completio	n - (X)	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 .	<u> </u>	<u>_</u>	Depth Casing Shoe
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT
	<u>}</u>		
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	able for this de Date of Tent	pth or be for full 24 hours) Producing Method (Flow, pump, gas i	•
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			CHOKe SIZE
Actual Prod, During Test	Oll-Bbls,	Water-Bbls.	Gas-MCF
GAS WELL	•	a.f	
Actual Prod. Test-MCF/D	Length of Test	Bble. Condenacte/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIANC I hereby certify that the rules and re Commission have been complied wi	gulations of the Oil Conservation	OIL CONSERV	//, 19
above is true and complete to the	best of my knowledge and belief.	BYOIL AND GAS INSPEC	TOP
B&DOil Compan	y Elight	This form is to be filed in	compliance with RULE 1104.
Operators (Signat	we)	well, this form must be accomplete to the second tests taken on the well in accompletests taken on the well in accompletests.	wable for a newly drilled or deepened anied by a tabulation of the deviation ordance with RULE 111.
			ust be filled out completely for allow-
(Date	1. 1. 1. 1. 1974	Fill out only Sections I. I well name or number, or transpor	I. III, and VI for changes of owner, ter, or other such change of condition.
	•	FAMME ("_1114 mild	vien ter eret reat in mutilatu