

DISTRIBUTION			
ANTAFEE			
FILE			
U.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION 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

I. 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 ☐ Recompletion ☒ Change in Ownership ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain) _____
If change of ownership give name and address of previous owner **Paul Slayton, P O Box 1936, Roswell, N. Mex. 88201**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **SRLG Unit** Well No. **20** Pool Name, Including Formation **Red Lake Grayburg** Kind of Lease **State** State **State** Lease No. **B 11538**
Location **Unit Letter L ; 2310 Feet From The South Line and 330 Feet From The West**
Line of Section 36 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 ☐ **(S) Injection Well** Address (Give address to which approved copy of this form is to be sent) _____
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 Sec. Twp. Rge. 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 Slayton **James E. Slayton**
(Signature) Operators
(Title)
(Date) **July 1, 1974**

OIL CONSERVATION COMMISSION
APPROVED **AUG 20 1974**
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.
Consolidated Forms C-104 must be filed for each pool in multiple.