

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	/
FILE	/ ✓
U.S.G.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-11.
Effective 1-1-65

RECEIVED

DEC 14 1976

I. Operator **LAYTON ENTERPRISES, INC.**
 Address **3103 79th STREET LUBBOCK TEXAS 79423**
 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) **EFFECTIVE DATE 12-1-76 from TNM**

If change of ownership give name and address of previous owner **CONTINENTAL OIL COMPANY**

II. DESCRIPTION OF WELL AND LEASE
 Lease Name **FOREST POOL UNIT** Well No. **9** Pool Name, including Formation **SQUARE LAKE GSA** Kind of Lease **FEDERAL** Lease No. **03777(6)**
 Location
 Unit Letter **E**; **1980** Feet From The **NORTH** Line and **330** Feet From The **WEST**
 Line of Section **35** Township **16 S** Range **2 E**, NMPM, **EDDY** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
NAVAJO CRUDE OIL PURCHASING CO Address (Give address to which approved copy of this form is to be sent) **NORTH FREEMAN AVE., ARTESIA, NM 88210**
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
 If well produces oil or liquids, give location of tanks. Unit **H** Sec. **34** Twp. **16** Rge. **29** Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

V. 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.
Donald L. Layton
 (Signature)
PRESIDENT
 (Title)
12-1-76
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED **DEC 16 1976**
 BY **W. A. Gressett**
 TITLE **SUPERVISOR, DISTRICT II**
 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 deviated 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.

1875

1876

1877

1878