•	O'STRIBUTION ANTA FC		CONSERVATION COM ION	Form C-104 Supersedes Old C-104 and C-1 Ellective 1-1-55
	.5.6.5.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	
	CAND OFFICE			CEIVED
	TRANSPORTER GAS	-	RE	C E I V = 0
1.	OPERATOR / PRORATION OF FICE Operator		JI	JL 2 1974 :
	B & D Oil Company			D. C. C.
	P 0 Box 804	lobbs, New Mexico 88240	AF	TBEIA, SFFICE
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Recompletion	Change in Transporter of:		
	Change in Ownership X	Oil Dry G	ensate	
	Water and amount in the contract of the contra			
	If change of ownership give name and address of previous owner	Paul Slayton, P O Box	1936, Roswell, N. Mexic	o 88201
71	DESCRIPTION OF WELL AND LEASE			
	Lease Name	Well No. Pool Name, including 1		Cagae 140:
	SRLG Unit		ybur g	olorFoState 2029
	Unit Letter G ;	330 Feet From The North Li	ine and 2310 Feet From	The West
	Line of Section 2	ownship 18 S Range	27 É , NMPM,	Eddy County
***	DESIGNATION OF TRANSPOR	THER OF OUR AND MARKET C		<u>Luay</u> county
111.	Name of Authorized Transporter of Of	TER OF OIL AND NATURAL G	AS Address (Give address to which appro	oved copy of this form is to be sent)
•	Navajo Refining Co. Pi	ipeline Division	N. Freeman Ave, Artes	ia, N. Mex. 88210
	Name of Authorized Transporter of Co	or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas actually connected? Wh	en
	give location of tanks. I 35 17 St 27E //			
IV.	If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
	Designate Type of Completi	on - (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 Depth Casing Shoe			
		TUBING, CASING, AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
٧.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-
;	Oll, WELL able 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.)			
			reducing Motified (1 som; pamp, gas is	,, e.c.,
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	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 COMPLIAN	CF	OU CONSERVA	TION COMMISSION
• ••	THE TOTAL OF COME DEFINED		OIL CONSERVATION COMMISSION AUG 201974	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED IS a Gressett 19	
	above is true and complete to the best of my knowledge and belief.		BY W. W. SIESSEA	
	6 0 0 0 1 Company /		TITLE OIL AND GAS INSPECTOR	
	B & D Dil Company		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 pair Sections I. II. and VI for changes of owner.	
-	(Signature)			
	Operators			
	(Tule) Sula 1, 1974			
•	(Da		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. Senses Forms C-104 must be filed for each coal to multiple.	