

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

AUG 26 1977

O. C. C.  
ARTESIA, OFFICE

|                  |     |
|------------------|-----|
| DISTRIBUTION     |     |
| ANTA FE          | 1   |
| ILE              | 1   |
| S.G.S.           |     |
| LAND OFFICE      |     |
| TRANSPORTER      | OIL |
|                  | GAS |
| OPERATOR         | 1   |
| PRORATION OFFICE |     |

Operator  
Paul Slayton

Address  
P O Box 1936 Roswell, NMex 88201

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)

If change of ownership give name  
and address of previous owner

H & S Oil Company 216 Amer. Home Bldg Artesia, N Mex 88210

II. DESCRIPTION OF WELL AND LEASE

|   |                |  |  |     |           |
|---|----------------|--|--|-----|-----------|
| Lease Name<br>West Artesia Grayburg<br>Unit Tract 11  | Well No.<br>18 | Pool Name, including Formation<br>Artesia Grayburg | Kind of Lease<br>State, Federal or Fee | Fee | Lease No. |
| Location<br>Unit Letter D ; 990 Feet From The West Line and 330 Feet From The North<br>Line of Section 17 Township 18 Range 28, NMPM, Eddy County |                |  |  |     |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |            |            |            |                                       |
|---|--|------------|------------|------------|---------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br><del>New Mexico Pipeline Co. Pipeline Div.</del> | Address (Give address to which approved copy of this form is to be sent)<br><del>NO. Freeman Ave. Artesia, N Mex 88210</del> |            |            |            |                                       |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Injection well                           | Address (Give address to which approved copy of this form is to be sent)   |            |            |            |                                       |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>D  | Sec.<br>17 | Twp.<br>18 | Rge.<br>28 | Is gas actually connected? When<br>No |

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 Restv. | Diff. Restv. |
| 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 (pilot, 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.

*Paul Slayton*  
(Signature)

Clerk

(Title)

Aug. 24, 1977

(Date)

OIL CONSERVATION COMMISSION

AUG 30 1977

APPROVED \_\_\_\_\_, 19

BY *W. A. Gussert*  
SUPERVISOR, DISTRICT II

TITLE \_\_\_\_\_

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.

Concrete Form C-104 must be filed for each well to maintain