

DISTRIBUTION			
APPROVED		/	
FILE		/	✓
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	/	
	GAS		
OPERATOR		/	
PERORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

AUG 26 1977

I. Operator Paul Slayton **O. C. C.**
Address ARTESIA, OFFICE
P. O. Box 1936 Roswell, New Mexico 88201
Person(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 <u>West Artesia Grayburg</u> <u>Unit Tract 1</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Artesia-Grayburg</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-6043</u>
Location Unit Letter <u>H</u> ; <u>330</u> Feet From The <u>East</u> Line and <u>2310</u> Feet From The <u>North</u> Line of Section <u>7</u> Township <u>18</u> Range <u>28</u> , NMFM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co. - Pipeline Division</u>	Address (Give address to which approved copy of this form is to be sent) <u>No. Freeman Ave. Artesia, N Mex 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>H</u>	Sec. <u>7</u>	Twp. <u>18</u>	Rge. <u>28</u>	Is gas actually connected? <u>No.</u>	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 Resv.	Diff. Resv.
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.

Reid Winkersham
(Signature)

Clerk

(Title)

Aug. 24, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 30 1977

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 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 change of owner, well name or number, or transportation or other such change of condition.

Separate Form C-104 must be filed for each well in this category.