	DISTRIBUTION	NEW MEXICO OIL CO REQUEST I	Form C-104 Supercedes Old C-104 and C-1 Effective 1-1-85								
	.S.G.S.	AUTHORIZATION TO TRA	AS								
	LAND OFFICE OIL OIL GAS	•	RECEIVE	D							
1.	OPERATOR										
	Paul Slayton V										
	Address P.O. Box 1936, Ros										
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	, Other (Please explain)								
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	77	· .							
	If change of ownership give name and address of previous owner	Robert H. Birdwell, 559	The Main Bldg., Houston,	Texas 77002							
n.	DESCRIPTION OF WELL AND I	LEASE. Well No. Pool Name, Including Fo	ormation Kind of Lease								
	McKee Wilson	3 Turkey Track Q		or Foo Federal NM 015068							
		535 Feet From The North Line		<sub>h.</sub> West Eddy							
		mship 18 Range	29 , ммрм,	County							
<b>III.</b>	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Not applicable - water		S Address (Give address to which approv	ed copy of this form is to be sent)							
	Not applicable - water Name of Authorized Transporter of Cas		Address (Give address to which approv	ed copy of this form is to be sent)							
•	If well produces oil or liquids, give location of tanks.	ell produces oil or liquids, 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 numbers										
	Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back Same Res'v. Dill. Ree'v							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	Elevations (DF, RKB, RT, GR, esc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth							
	Perforations Depth Casing Shoe										
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	HOLE SIZE										
		· · · · · · · · · · · · · · · · · · ·									
<b>.</b> V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow OIL, WELL able for this depth or be for full 24 houre)										
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)							
	Length of Test	Tubing Presewe	Casing Pressure	Choke Size							
	Actual Prod. During Test	Oil-Bble,	Water - Bble.	Gas-MCF							
	GAS WELL										
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate							
	Testing Method (pitot, back pr.)	Tubing Presewe (shut-in)	Casing Pressure (Shut-in)	Choke Size							
VI.	CERTIFICATE OF COMPLIANO	<b>CE</b>	OIL CONSERVA JAN 29197	TION COMMISSION							
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	with and that the information given	BY W. a. Susset								
			TITLE OIL AND GAS INSPECTOR								
	Deruse Se	autou	If this is a request for allow	compliance with RULE 1104. Table for a newly drilled or deepene							
	(Signa Agen	sture)(	If this is a request for sllowable for a newly drilled or deepene 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 allow able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner								
	January	28, 1974									
	(De		well name or number, or transport	, III, and VI for changes of owner en or other such change of condition the filed for each said in multipl							

vell name or	number,	or tran	sporte	10, OF	other	euc	h che	nge o	f co	ndition
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