NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersed es Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE	/	
U.S.G.S.		5a. Indicate Type of Lease State Fee X
LAND OFFICE OPERATOR		S. State Oll & Gas Lease No.
O' EKATOR	l de la companya de	o, stelle on a data geage ito.
SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICATE	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. 10N FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS WELL WELL	OTHER-	7. Unit Agreement Name
. Name of Operator Slayton Oil Corp.		8. Form or Lease Name Bullseye
. Address of Operator		9. Well No.
P. O. Box 2035 Roswell, New Mexico 88201		# A-2
. Location of Well		10. Field and Pool, or Wildcat (C)
UNIT LETTER P	990 FEET FROM THE SOUTH LINE AND 990 FEET	FROM HOTEL THE CALLY
		VIIIIIIIII
THE LAST LINE, SECTIO	ON 13 TOWNSHIP 16 N RANGE 10 W	NMPM. (())
mmmmm	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	13. Elevation (Show whether Dr., KT, GR, etc.)	McKinley
		<u> </u>
Check A NOTICE OF IN	Appropriate Box To Indicate Nature of Notice, Report of Subsequent To:	or Other Data UENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANCON REMEDIAL WORK	ALTERING CASING
I I MARCH AND THE STATE OF THE	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB	_
	OTHER	
OTHER		
7. Describe Proposed or Completed Op-	erations (Clearly state all pertinent details, and give pertinent dates, inc	luding estimated date of starting any proposed
work) SEE RULE 1103.		
** Chan	nge of Operator**	
5/14/1	ige of operator	
From Paul Slay	ton to Slayton Oil Corp.	
	1	
		and the second second
	1.	
	UV	
		APR 02 1984
	(DIL CON. DIV.
	•	DIST 2
		\ DIST. 3
8. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
IGNED Hand Slanto	n lin Mir TITLE Operator	DATE Jan. 1. 1984
PROVED BY Original Signed by FRANK	T (HAVEL SUBERMOOR TO THE	AOD CO 1001
PPROVED BY Original Signed by FREARA	T. CHAVEL SUPERVISOR DISTRICT # 3	APR 62 1984

CONDITIONS OF APPROVAL, IF ANY: