DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE		5	
		7	_
IRANSPORTER	OIL		
INANSFORTER	GAS		
OPERATOR	_	2	
PRORATION OFFICE			

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR 2	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
1.	PRORATION OFFICE Operator						
Paul Slayton Address 115 E. Country Club- Roswell, N. Mex 115 E. Country Club							
							Reason(s) for filing (Check proper box) Other (Please explain)
	New Well Recompletion	Change in Transporter of: Oil Dry Ga	s [
	Change in Ownership	Casinghead Gas Conden	≒ 1				
	If change of ownership give name and address of previous owner	. Sam G. Dunn,011 Opera	ations, P. O. Box 3095,	Lubbock, Texas			
И.	II. DESCRIPTION OF WELL AND LEASE						
	Lease Name Jicarillo Leas		ormation Kind of Lease State, Federal	Federal Lease No.			
	Location Contract #24]	1 10 Boulder Mancon South	<u> </u>	(Indian)			
	Unit Letter 0; 33	Feet From The North Line	e and 2310 Feet From T	he East			
	Line of Section 23 Township 28N Range 1W , NMPM, Rio Arriba Count						
III.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)			
	Shell Oil Company Name of Authorized Transporter of Cas		705 Municipal Dr. Fa	rmington N. Mex. ed copy of this form is to be sent)			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. N 14 28N 1W	Is gas actually connected? When	n			
If this production is commingled with that from any other lease or pool, give commingling order number:							
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Re							
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded	Date Compt. Ready to From.	Total Bopin				
	Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation		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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)						
	OIL WELL 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			
				Gas yMCF			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gds 7MCr			
			<u> </u>				
	GAS WELL	To a surface to the s	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bara. Condensate, Min.C.				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION FEB 1						
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.			APPROVED, 19				
			By Original Signed by Emery C. Arnold				
			TITLESU	JPERVISOR DIST, #3			
	()) A Di	1 4	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
	- Janl Al	aughors					
	(Signal)	ntike)	tests taken on the well in accord	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
		1.	All sections of this form mus				

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.