

8	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	4
PRORATION OFFICE	

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-110  
Effective 1-1-65

Operator Orville Slaughter	
Address 2626 Adams Street; Denver, CO 80205	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

N/A

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sangre de Cristo	Well No. 2	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee	Lease No. 43260A
Location				
Unit Letter 0; 260 Feet From The North Line and 300 Feet From The West line				
Line of Section 34 Township 30N Range 11W, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Thriftway Refinery Company	Address (Give address to which approved copy of this form is to be sent) Aztec Highway			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Harrington			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 34	Twp. 30N	Rge. 11W
	Is gas actually connected?		When	
	Yes		10 February 1977	

If this production is commingled with that from any other lease or pool, give commingling order number: None

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-27-77	Date Compl. Ready to Prod. 10-30-77		Total Depth 2037		P.B.T.D. 2016			
Elevations (DF, RKB, RT, GR, etc.) 5896	Name of Producing Formation Fruitland		Top Oil/Gas Pay 1134		Tubing Depth 2016			
Perforations 1964 to 1980 one foot apart 1984 to 2000 one foot apart					Depth Casing Shoe 1310			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7-3/4	7"		82'		30			
4-3/4	4-1/2		1310		70			
3-7/8	2-3/8		2016		90			

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 12/4/76	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 52	Length of Test 3 hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Vented	Tubing Pressure (shut-in) 571	Casing Pressure (shut-in) -0-	Choke Size 1/8

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.

Orville Slaughter  
Operator  
2/10/77  
(Signature)  
(Title)  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 17 1977, 19  
By Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DIST. #3

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.  
Separate Forms C-104 must be filed for each pool in multiple