

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-105
 Effective 1-1-85

DISTRIBUTION		
ANTAFE	<input checked="" type="checkbox"/>	
ILE	<input checked="" type="checkbox"/>	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	
	GAS <input type="checkbox"/>	
OPERATOR		
PRORATION OFFICE		

RECEIVED BY
JAN 12 1984
 O. C. D.
 ARTESIA OFFICE

Operator: Slayton Oil Corp. ✓

Address: P. O. Box 2035 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner: Paul Slayton P. O. Box 1936, Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico A State</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Coyote Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E873</u>
Location: Unit Letter: <u>P</u> : <u>330</u> Feet From The <u>S</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>10</u> Township <u>11 S</u> Range <u>27 E</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Navajo Refining Co. Address (Give address to which approved copy of this form is to be sent):
No. Freeman Ave. Artesia, N M 88210

Name of Authorized Transporter of Casinghead Gas or Dry Gas
none Address (Give address to which approved copy of this form is to be sent):

If well produces oil or liquid, give location of tanks: Unit 10 11S 27E Is gas actually connected? no When:

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'n.	Diff. R
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.		
Elevations (DF, RKB, RT, CR, 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

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 of hole 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.) <u>Work Flow 3 17-84</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>Clg. 2 1/2"</u>
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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Ruby Wickershan
 Clerk
 Jan 1, 1984

OIL CONSERVATION COMMISSION
FEB 13 1984

APPROVED _____, 19____
 BY Leslie A. Clements
 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 deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for a well name or number, or transporter, or other such change of cond. Separate Form C-104 must be filed for each well to be approved.