

DISTRIBUTION		
ANTAFE		
ILE		
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
OPERATOR	GAS	
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION MISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Oia C-104 and
Effective 1-1-65

RECEIVED

MAR 28 1979

O. C. C.
ARTESIA, OFFICE

I. OPERATOR

Operator Paul Slayton

Address P O Box 1936 Roswell, N Mexico 88201

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner _____

30-015-22795

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>West</u>	Well No. <u># 2</u>	Pool Name, including Formation <u>Empire Yates 7 Rivers</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease <u>L 485</u>
Location Unit Letter <u>P</u> <u>999</u> Feet From The <u>S</u> Line and <u>790</u> Feet From The <u>E</u>	Line of Section <u>24</u>	Township <u>17S</u>	Range <u>27E</u>	County <u>Eddy</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude Oil Purch Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>No. Feeman Av e. Artesia, N Mex 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>24</u> Twp. <u>17</u> Rge. <u>27</u> Is gas actually connected? <u>No.</u> When _____

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res. Diff. R. <input type="checkbox"/>
Date Spudded <u>1-22-79</u>	Date Compl. Ready to Prod. <u>2-28-79</u>	Total Depth <u>454'</u>	P.B.T.J.				
Elevations (DF, RKB, RT, GR, etc.) <u>3500.3</u>	Name of Producing Formation <u>7 Rivers</u>	Top Oil/Gas Pay <u>452'</u>	Tubing Depth <u>440'</u>				
Perforations <u>DH 433-54</u>		Depth Casing Shoe <u>433</u>					
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE <u>8"</u>	CASING & TUBING SIZE <u>7"</u>	DEPTH SET <u>433</u>	SACKS CEMENT <u>220 SKS</u>				
	<u>2"</u>	<u>440</u>					

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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>3-1-79</u>	Date of Test <u>3-15-79</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>14 days</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size
Actual Prod. During Test <u>112</u>	Oil-Bbls. <u>112</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>TSTM</u>

WELL HAS LEVELLED OFF, REQUEST 8 BPD Allowable

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

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.

Paul Slayton
(Signature)

Operator

(Title)

03/22/79

(Date)

OIL CONSERVATION COMMISSION

MAR 26 1979

APPROVED _____, 19 _____

BY W. A. Gressett

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 devit tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of condition. Form C-104 must be filed for each such change.