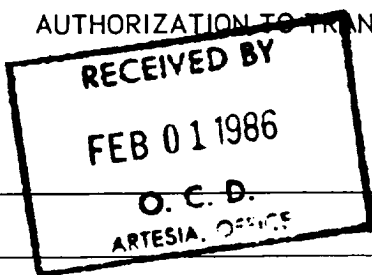


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SANTA FE		✓
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LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	
OPERATOR		✓
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator
Slayton Oil Corporation
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 well status from
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ injection to producing
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name State E-92 Well No. 6 Pool Name, including Formation Brown Queen-Grayburgh Kind of Lease State, Federal or Fee State Lease No. E-92
Location
Unit Letter FE : 1650 Feet From The North Line and 2310 Feet From The West
Line of Section 26 Township 10S Range 26E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company P. O. Drawer 159 Artesia, N M 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
N/A
If well produces oil or liquids, give location of tanks. Unit F Sec. 26 Twp. 10S Rge. 26E Is gas actually connected? 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)
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, 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

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 1-15-86 Date of Test 1-15-86 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hours Tubing Pressure 0 Casing Pressure 0 Choke Size N/A
Actual Prod. During Test 2 & 3/4 Bbls. Oil-Bbls. 2 Water-Bbls. 3/4 Gas-MCF N/A

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, 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.
Alice F. Sharp (Signature)
Controller (Title)
1/31/86 (Date)
OIL CONSERVATION COMMISSION
APPROVED FEB 6 1986, 19
BY Original Signed By Les 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 deepened well, this form must be accompanied by a tabulation of the deviated 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 completed wells.