

OIL CONSERVATION DIVISION

P.O. Drawer DD Artesia, N.M.

DISTRICT OFFICE II

February thru April 1986
NO. 2094 O

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE February 7, 1986

PURPOSE ALLOWABLE ASSIGNMENT - OLD OIL

Effective February 1, 1986 the allowables for the following wells for Slayton Oil Corp. in the Brown Queen Grayburg Pool have been assigned as indicated.

State E-92 #6-E-26-10-26 2 BOPD

Feb. Total - 56 bbls.
Mar. Total - 62 bbls.
Apr. Total - 60 bbls.

✓ State E-92 #9-C-26-10-26 4 BOPD

Feb. Total - 112 bbls.
Mar. Total - 124 bbls.
Apr. Total - 120 bbls.

State E-92 #19-C-26-10-26 3 BOPD

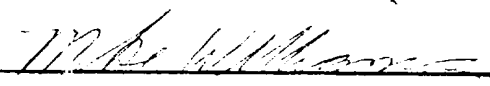
Feb. Total - 84 bbls.
Mar. Total - 93 bbls.
Apr. Total - 90 bbls.

LAC/mm

Slayton Oil Corp.

NRC

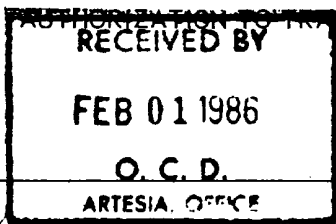
OIL CONSERVATION DIVISION


DISTRICT SUPERVISOR

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	GAS	
OPERATOR		✓
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
TRANSPORT OIL AND NATURAL GAS

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



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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State E-92	Well No. 9	Pool Name, Including Formation Brown Queen - Grayburgh	Kind of Lease State, Federal or Fee State	Lease No. E-92
Location Unit Letter C ; 1310 Feet From The North Line and 1980 Feet From The West Line of Section 26 Township 10S Range 26 E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159 Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A	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 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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
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 Day		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 4 & 1/2	Oil-Bbls. 3 & 1/2	Water-Bbls. 1	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 J 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 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 completed wells.