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ILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	
	GAS <input type="checkbox"/>	
OPERATOR	<input checked="" type="checkbox"/>	
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JAN 11 1984
O. C. D.
ARTESIA, OFFICE

Operator	Slayton Oil Corp. <input checked="" type="checkbox"/>
Address	P. O. Box 2035 Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	51

If change of ownership give name and address of previous owner Paul Slayton P. O. Box 1936, Roswell, New Mexico 8820

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Exerna Faircloth B	2	Acme San Andres	State, Federal or Fee	Fee
Location	Unit Letter	I	990	Feet From The East Line and 1650 Feet From The So.
Line of Section	32	Township	7 S.	Range 27 East, NMPM, Chaves

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Freeman Crude Oil Purchasing Co.	No. Freeman Ave. Artesia, N M 88210
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)
None	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. Is gas actually connected? When
No tanks	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, R&B, 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 able 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.)	Post. PD-3 2-17-84 Chg. Op.
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	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.

Clark (Signature)  
Clark (Title)  
Jan 1, 1984 (Date)

OIL CONSERVATION COMMISSION	
APPROVED FEB 13 1984	
Original Signed By	
BY Leslie A. Clements	
Supervisor District II	
TITLE	
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 dev tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for a able on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of or well name or number, or transporter, or other such change of cond	