

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

RECEIVED BY NEW MEXICO OIL CONSERVATION COMMISSION

FEB 14 1985

O. C. D.

ARTESIA, OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Slayton Oil Corp.	8. Farm or Lease Name Evena Faircloth B
3. Address of Operator P. O. Box 2035 Roswell, New Mexico 88201	9. Well No. #4
4. Location of Well UNIT LETTER 0, 330 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 7-S RANGE 27-E NMPM.	10. Field and Pool, or Wildcat Acme San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4013 GR	12. County Chaves

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JQB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1-24-85 Jet washed open hole. Found fish in hole.

1-25-84 Ran poor boy basket, retrieved fish.

1-26-85 Jet washed open hole and cleaned to bottom, found bottom to be 1964'.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Robert Slayton TITLE Agent DATE 02/11/85

APPROVED BY _____ TITLE ORIGINAL SIGNED BY LARRY BROOKS DATE FEB 18 1984
CONDITIONS OF APPROVAL, IF ANY: GEOLOGIST - NMOC

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-84

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

I.

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 ☐
Other (Please explain)

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 Everna Faircloth B	Well No. 4	Pool Name, Including Formation Acme San Andres	Kind of Lease State, Federal or Fee	Lease Fee
Location Unit Letter 0 ; 2310 Feet From The East Line and 330 Feet From The South Line of Section 32 Township 7 S. Range 27 E, NMPM, Chaves Cou				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	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 P	Sec. 32	Twp. 7S	Ege. 27E	Is gas actually connected? no	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	Deeper	Plug Back	Same Res't.	Diff. F
Date Spudded	Date Compl. Ready to Prod.	Total Depth		F.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 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.)	
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 (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.

Ruby Wickensham
(Signature)
Clerk
(Title)

Jan 1, 1984
(Date)

OIL CONSERVATION COMMISSION
FEB 13 1984

APPROVED _____, 19____
BY _____ Original Signed 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 a well name or number, or transporter, or other such change of cond
Separate Forms C-104 must be filed for each well to be