| | ANTA FE | NEW MEXICO OIL | CONSERVATION COMMISSIO | ON Form C+104 | | |
|--|--|---------------------------------------|--|-------------------------------------|---------------|--|
| | l ———————————————————————————————————— | REQUES | T FOR ALLOWA E | RECEIVE DIRECTES OF | C-104 and | |
| | .£.G.5. | ALITHODIZATION TO TO | AND | VECTIVE Ellective 1-1-1 | 5 | |
| | .AND OFFICE | _ AUTHORIZATION TO TH | RANSPORT OIL AND NAT | URALIGAS 1 1 1984 | | |
| | TRANSPORTER OIL / | | | | | |
| | GAS | | | O. C. D. | | |
| | OPERATOR / | | | ARTESIA, OFFICE | J | |
| 1. | PRORATION OFFICE Operator | | | | | |
| | Slayton Qi | 1 Corp V | | | | |
| | Address | | | | | |
| | P. O. Box | | w Mexico 88201 | | | |
| | Reoson(s) for filing (Check proper bo | Change in Transporter of: | Other (Please expli | ain) | | |
| | Recompletion | Oil Dry G | Gos 🗔 | | | |
| | Change in Ownership X | Casinghead Gas Conde | ensate 🔲 | | | |
| | If change of ownership give name | | | | | |
| | and address of previous owner | Paul Slayton P | . O. Box 1936, Ro | swell, New Mexico | 8820] | |
| 1 | DESCRIPTION OF WELL AND | ITACE | | | | |
| • | Lease Name | Well No. Pool Name, Including I | Formation Kind | of Lease | Leone 1 | |
| | Everna Faircloth B | Acme San Au | ndres | , Federal c: Fee Fee | | |
| | Loration. | | | F) | | |
| | Unit Letter P : 33 | O Feet From The South Li | ne and 990 Fee | et From The East | | |
| | Line of Section To | 7 S Range | 27 E , NMPM, | Chaves | Coun | |
| ١ | | | , 1444, 444 | | Coun | |
| l., | | TER OF OIL AND NATURAL GA | | | | |
| | Navajo Refining Co. | or Condensate | 1 | h approved copy of this form is to | • | |
| - | Name of Authorized Transporter of Ca | singhead Gat or Dry Gas | | Artesia, N M 882 | | |
| | None | | | ,,, ., ., , | 00 00, | |
| | If well produces oil or liquids, | Unit Sec. Twp. Fige. | is gas actually connected? | When | | |
| L | give location of tanks. | P 32 7S 27E | No | | | |
| | | th that from any other lease or pool, | give commingling order numb | er: | | |
| Ţ | COMPLETION DATA | Oll Well Gas Well | New Well Workover Dec | pen Plug Back Same Resty | . Diff. Re | |
| | Designate Type of Completion | on - (X) | | | 1 | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| - | Elevations (DF, RKE, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| ĺ | | | | | | |
| | Perforations | | | Depth Casing Shoe | | |
| - | | TURING CASING AND | D CEMENTING DECORD | | | |
| F | HOLE SIZE | CASING & TUBING SIZE | D CEMENTING RECORD DEPTH SET | SACKS CEME | NT. | |
| 1 | | | | | | |
| | | | | | | |
| - | | | | | | |
| L | FEST DATA AND DECUIEST EX | OD ALLOWARY E | <u> </u> | | | |
| | FEST DATA AND REQUEST FO DIL WELL | | jter recovery of total volume of l pth or be for full 24 hours) | ond oil and must be equal to or exc | eed top a | |
| Ī | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump | , gas lift, etc.) Post. /k | 7-3 | |
| - | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | 94 | |
| 1 | | | | Choke Size Chg. Of | W. | |
| 1 | Actual Prod. During Test | Oil-Bbla. | Water-Bble. | Gas-MCF | | |
| | | | | | | |
| | CAC WITH I | | • | | | |
| _ | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | | |
| | | | | | | |
| r | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Cosing Pressure (Shut-in) | Choke Size | | |
| L | | | | | , | |
| C | ERTIFICATE OF COMPLIANC | E | OIL CONS | ERVATION COMMISSION | | |
| | | | APPROVED FEB 1 3 1984 19 | | | |
| C | hereby certify that the rules and re ommission have been complied w | ith and that the information given | Original Signed By | | | |
| above is true and complete to the best of my knowledge and belief. | | | BY Loslie A. Claments Supervisor District II | | | |
| | _ | | TITLESuperviso | or District is | | |
| | | , | This form is to be fill | ed in compliance with RULE 1 | 104, | |
| | | shan | If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat | | | |
| | Clark | we/ | tests taken on the well in | accordance with RULE 111. | | |
| | Clerk J (Tul | e) | All sections of this form must be filled out completely for all: able on new and recompleted wells. | | | |
| | Jan 1, 1984 | | Fill out only Section | a I, II, III, and VI for change | s of own | |
| | (Dat | e) | well name or number, or tra | nsporter, or other such change | of conditi | |
| | | ••• | . — manus a nomb f . 10 | | | |

NEW MEXICO OIL CONSERVATIO TOWNISION ANTAFE Fc:m C-104 REQUEST FOR ALLOW ΊF Supersedes Old Colle -Ellective 1-1-65 :LE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND CFFICE OIL IRANSPORTER GAS RECEIVED OFERATOR 1 PHORATION OFFICE I. FEB 29 1980 Cherolar Paul Slayton O. C. D. Address Roswell, N Mex 88201 ARTESIA, OFFICE P 0 Box 1936 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion D:y Gos Charge in Cwaership X Costrighed Gas Condensate If change of ownership give name and address of previous owner. Mountain States Petroleum Corp, P O Box 1936 Roswell, NMex 88201 II. DESCRIPTION OF WELL AND LEASE Acme San Andres Kind of Lease Fee Everna Faircloth B State, Federal or Fee Location _ ; _330 990 East South Unit Letter P Feet From The Line and et From The 27 E Chaves 32 7 S Line of Section Township Range , NEPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | or Condensate | | No. Freeman Ave, Artesia, NMex 88210 Navajo Crude Oil Purchasing Co. None of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas Is gas actually connected? Unit Sec. Twp. If well produces all or liquids, give location of tanks. Pce. When 7 S ; 27 E ; 32 ¦ P If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA ' Oil Well Grs Well New Well Weikever Plug Bock Same Resty. Diff. 5 Designate Type of Completion = (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.E.T.D. Elevations (DF, RhB, RT, GR, etc., Name of Freducing Formation Top Oil/Gos Pay Tuking Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEFTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOHABLE (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) OIL WELL Posted Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test √P_3 3.1.80 Length of Test Tubing Freesure Cosing Fresewa Actual Prod. During Test Cil-Bble. Fote: - Etie. G:s-MCF GAS RELL Actual From Test-MOF/D Length of Test Bbls. Condensate AMOF Gravity of Condensate Testing hethed (pitet, back pr.) Tubing Freesure (Shut-in) Cosing Pressure (Ebut-ia) Chake Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 1980 MAR S APPROVED 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. resset SUPERVISOR, DISTRICT IL TITLE _ This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or dee, awell, this form must be accompanied by a tabulation of the deviations taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all, able on new and recompleted wells. (Title)

Fill out only Sections I. II. III, and VI for charges of canell name or number, or transporter, or other such change of condition

Jan. 1, 1980

(Date)