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DISTRIBUTION / SANTA FE /		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE					
FILE /-	AUTHODIZATION TO TO	AND Effective 1-1-65					
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAECETVED				
TRANSPORTER OIL / GAS OPERATOR /			1967				
I. PRORATION OFFICE Operator	_						
Paul Slayton Address			AMITEMAN CONTEST				
	y Club, Roswell, A.						
Reason(s) for filing (Check proper be	ox) Change in Transporter of:	Other (Please explain)	ian Corporation				
Recompletion		Oil X Dry Gas					
Change in Ownership	Casinghead Gas Conde	ensate Effective Cct	ober 1, 1967				
If change of ownership give name and address of previous owner			and the Market Million and the				
II. DESCRIPTION OF WELL ANI	) LEASE						
Honolulu-State		one, Including Formation	Kind of Lease State, Federal or FeeState				
Location Location	;   O   O O y	the sucen	Lease # B-8385-2				
Unit Letter <b>J</b> ; 231	Peet From The S	ine and 2310 Feet From	<b>C</b>				
Line of Section 11 , T	ownship 115 Hange 2	7E , NMPM, Cha	County				
I DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL G	:48					
Name of Authorized Transporter of C	Oil [ Δ or Condensαte [	Address (Give address to which appr					
Sourlock O11 Con		414 rid America Blo	- · · · · · · · · · · · · · · · · · · ·				
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	her.				
If this production is commingled v V. COMPLETION DATA	with that from any other lease or pool	l, give commingling order number:					
Designate Type of Complet	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Date Spadded	Bate Somet. Heady to From	Total Boyan					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
	TUBING, CASING, AI	ND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
W. THE COLUMN AND DECLINED	FOR ALLOWARD F. C.	6					
V. TEST DATA AND REQUEST OIL WELL		depth or be for full 24 hours)	il and must be equal to or exceed top allow				
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	Cil-3bls.	Water-Bbls.	Gas-MCF				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
Actual Plous Test-Mor/D	Longin of Test	Data, Condensate/ MINO.	orders, or condensate				
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size				

## VI. CERTIFICATE OF COMPLIANCE

H.

III.

IV.

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given the first and complete to the best of my knowledge and belief.

	.e
Paul Slayton	
(Signature)	
(Title) 10-1-67 (Date)	

OIL CONSERVATION COMMISSION

OTE CONCERNITION COMMISSION						
APPRO	ven OOT	4 1967	, 19	)		
BY	W.a.	Gresse	Zf			
TIT! =	011.400.000	SILICION				

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of condition.