ANTA FE	REQUEST	FOR ALLOWAPTE AND INSPORT OIL AND NATURAL	ion C-104 Supersedes Old C-104 and t Effective 1-1-65
IRANSPORTER OIL // GAS OPERATOR		·	RECEIVED BY
PRORATION OFFICE	1		JAN 12 1984
Slayton Oi	Corp.		O. C. D.
Address	···	Mexico 88201	ARIESIA, OPERA
P. O. Box Recson(s) for filing (Check proper box		Other (Please explain)	
New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conden		
If change of ownership give name and address of previous owner	Paul Slayton P.	O. Box 1936, Rosw	ell, <u>New Mexico 8820l</u>
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fe	ormation Kind of L	ease Lease N
Honolulu State	#1 Coyoute N	ueeņ State, Fea	State 883858
Location D 66	O Feet From The NO Line	e and 330! Feet Fr	om The West
14	T 11 C		a V e S Count
Line of Section To	wmahip 1 11 3 Fignige	L, L, NMPM, OI	u v e s
DESIGNATION OF TRANSPOR'	TER OF OIL AND NATURAL GA	S Address (Give address to which ap	proved copy of this form is to be sent)
Navaio Refining	Co		rtesia, NM 88210 proved copy of this form is to be sent)
Name of Authorized Transporter of Car None	singhead Gas or Dry Gas	Acidess (Give address to which ap	proved copy of this form is to be sent;
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. AUC 14 11S 27E	Is gas actually connected?	When
If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
Designate Type of Completic	on - (X) Gas Well	New Well Workove: Deepen	Plug Back Same Res'v. Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	Tep Oil/Gas Pay	Tubing Depth
Periorations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST F	OR ALLOHABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top a!
OII, WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, go	2 lift, etc.) 10 25 10-3 2-17-84
Length of Test	Tubing Pressure	Cosing Pressure	2-17-84 Choke Size chy Op.
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
GAS WELL Actual Prod. Tost-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
CERTIFICATE OF COMPLIAN	CE	u	RVATION COMMISSION
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.		APPROVED FEB 1 3 1984 . 19	
		Leslie A. Clements	
		Supervisor District II	
		This form is to be filed	in compliance with RULE 1104.
Suly Wit Kersham (Signature)		If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviations taken on the well in accordance with RULE 111.	
Clerk		tests taken on the well in a	cordance with RULE 111. must be filled out completely for all
(Tule) Jan 1, 1984		able on new and recomplete	d wells. T. H. III. and VI for changes of ow
(Date)		well name or number, or trans	porter, or other such change of condit