

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

RECEIVED BY
NOV 01 1983
O. C. D.
ARTESIA, OFFICE

Operator
Paul Slayton ✓
Address
P O Box 1936 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Request allowable	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	1 bb. per day.	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Honolulu	Well No. # 2	Pool Name, Including Formation Coyote Queen	Kind of Lease State, Federal or Fee State	Lease No. 8385-2
Location Unit Letter C ; 330 Feet From The No Line and 1650 Feet From The West Line of Section 14 Township 11 S Range 27 E , NMPM, Chaves County				

II. 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 Company	Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave. Artesia, N M			
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)			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 14	Twp. 11S	Rge. 27E
	Is gas actually connected?		When	
	No			

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

III. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.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

IV. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-15-82	Date of Test 3-14-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 23 hr	Tubing Pressure 0	Casing Pressure	Choke Size
Actual Prod. During Test 2 bbl	Oil-Bbls. 2 bbls	Water-Bbls. 0	Gas-MCF tstm

Request allowable of 1 BBL Per day.

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

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.

Bruce Wickham
(Signature)
Clerk
(Title)
10/31/83
(Date)

OIL CONSERVATION COMMISSION
NOV 02 1983
APPROVED 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 deepened well, this form must be accompanied by a tabulation of the deviate 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each well to multiply