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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-85

Operator Slayton Oil Corp. ✓

Address P. O. Box 2035 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☒

If change of ownership give name and address of previous owner Paul Slayton P. O. Box 1936, Roswell, New Mexico 88201

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Honolulu State</u>	Well No. <u>#5</u>	Pool Name, Including Formation <u>Coyote Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B8385B</u>
Location				
Unit Letter <u>D</u>	<u>990</u>	Feet From The <u>No</u>	Line and <u>990</u>	Feet From The <u>West</u>
Line of Section <u>14</u>	Township <u>11 S</u>	Range <u>27 E</u>	NMPM, <u>Chaves</u>	County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>No. Freeman Ave. Artesia, N M 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	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 <u>DC</u> Sec. <u>14</u> Twp. <u>11 S</u> Rge. <u>27 E</u>
Is gas actually connected?	<u>No</u>
When	

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deeper	Plug Back	Same Res'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.E.T.D.			
Elevations (DF, RAB, 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

III. 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 oil 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

IV. 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 Wickham  
(Signature)  
Clerk  
(Title)  
Jan 1, 1984  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 13 1984, 19  
BY Leslie A. Clements  
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.  
Separate Form C-104 must be filed for each well in multi-