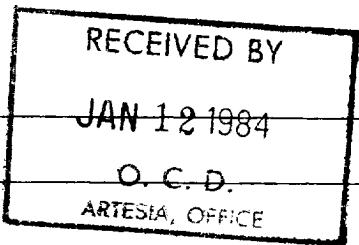


ANTAFEE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
S.G.S.	<input type="checkbox"/>	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/>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



Operator Slayton Oil Corp.

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Levick State</u>	Well No. <u># 3</u>	Pool Name, Including Formation <u>Coyote Queen</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>7547</u> <u>8899</u>
Location: Unit Letter: <u>K</u> : <u>2310</u> Feet From The <u>SO</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>11 S</u> Range <u>27 E</u> , NMPM, <u>Chaves</u> Cour.				

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>15</u> Sec. <u>11S</u> Twp. <u>27E</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:

COMPLETION DATA

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

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.) <u>Post HW-3</u> <u>1-17-84</u> <u>Chg. DP.</u>	
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 (pilot, 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.

Ruby Wickensham  
(Signature)

Clerk

(Title)

Jan 1, 1984

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 1 3 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 deepened well, this form must be accompanied by a tabulation of the deviated 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 owner, well name or number, or transporter, or other such change of condition.

Supervisor Form C-104 must be filed for each well to which