DISTRIBUTION ANTA FE

April 1, 1974

(Date)

NEW MEXICO OIL CONSERVATION CC \$SION REQUEST FOR ALLOWABLE

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

. '	ILE L		AND			
	.s.G.s.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	AS		
	AND OFFICE		RECEIVED			
	TRANSPORTER OIL					
	GAS		APR 9 1974			
	OPERATOR PRORATION OFFICE		TW 13			
I.	Operator Operator		O. C. C.			
	PAUL SLAYTON ARTESIA, OFFICE					
	Address					
	P. O. Box 1936 Roswell, N. Mex. 88201					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	::ew Well	Change in Transporter of:				
	Recompletion	Oil AA Dry Gas Casinghead Gas Condens				
	Change in Ownership	Casinghed Gas conden				
	If change of ownership give name					
	and address of previous owner					
П.	DESCRIPTION OF WELL AND I	LEASE				
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Legse No. E-8879		
	Levick C State	4 Coyote Queen	State, Federal	or Fee State E-8879		
	Location		0010	West		
	Unit Letter F : 165	Feet From The North Line	e and 2310 Feet From T	he		
		110	27E , NMPM, Chave	g Courty		
	Line of Section 15 Tow	mship 11S Range	Z/E , NMPM, Chave	S County		
	DEGLES AMION OF TRANSPORT	CES OF OUT AND NATURAL GA	•			
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)		
	Navajo Crude Oil Purci	/ *	N. Freeman Artesia, N	. Mex.		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n		
	give location of tanks.	L 15 11S 27E	No			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	on - (X)	New well , workpost , Deebeu	Plag Back Same New V.		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	Date Compi. Neddy to Frod.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD	T		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		1	1			
	THE PARA AND REQUEST FO	OP ALLOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow		
V.	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 allow 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 lij	t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Water-Bbls.	Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Wdier - Dais.			
	CAS 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		
VI	I. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION		
¥ 1	GERMINORIE OF COMEDIATION		ADD 1 6 1974			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED APR 1 6 1974 . 19			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By W. a. Gressett			
	above is true and complete to the best of my knowledge and belief.		D T			
			TITLE OIL AND GAS INSPE	U / UN		
	($)$ 0 0		This form is to be filed in	compliance with RULE 1104.		
	Tail Slanter		realis to a segment for allow	vable for a newly drilled or deepened		
	(Signature)		tests taken on the well in acco	nied by a tabulation of the deviation rdance with RULE 111.		
	OPERATOR		All sections of this form mu	ist be filled out completely for allow		
	(Title)		Il shie on new and recompleted W	ell s.		

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.

NO. OF COPIES RECEIVED		J.J.	
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SANTA FE			
FILE			
U.S.G.S.		L	
LAND OFFICE		<u>L</u> _	
TRANSPORTER	OIL	1/_	ļ
TRANSPORTER	GAS		
OPERATOR	1	<u> </u>	
PRORATION OF	ICE		
Operator			
Paul	Slay	,to	n

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

SANTAFE	KEQUEST 1		Effective 1-1-65				
FILE		AND SPORT OIL AND NATURAL G	AS RECEIVED				
U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATORAL OF	A0				
LAND OFFICE			FEB 5 1969				
TRANSPORTER GAS			1				
OPERATOR /			C. C. C.				
PRORATION OFFICE			ASTESIA, OFFICE				
Operator							
Paul Slayton							
Address	Club Postvoll Nev	Mexico 88201					
	ry Club, Roswell, New	Other (Please explain)					
Reason(s) for filing (Check proper box)	Change in Transporter of:						
New Well Recompletion	Oil X Dry Gas	From Scarles	$ar{\psi} \in \mathcal{G}(f, \mathcal{G}_{m{e}})$				
Change in Ownership	Casinghead Gas Condens	ate					
		-					
If change of ownership give name and address of previous owner							
and address of previous owner							
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	mation Kind of Lease	Lease No				
Lease Name	Well No. Pool indine, including i	State Federa	or Fee State E-8879				
Levick C State	4 Coyote Or	ueen					
Location	North	2310	The West				
Unit Letter F'; 10	50 Feet From The North Line	and					
Line of Section 15 Tow	vnship 115 Range	27E , NMPM, Char	ves County				
Line of Section 13							
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which appro	and come of this form is to be sent)				
Name of Authorized Transporter of Oil	or Condensate	11241-022 (4 1 1 1					
The Permian Corpora	ation	P. O. Box 3119, Mi Address (Give address to which appro	all and Texas 79701				
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	bed copy of this form is a series				
None		Is gas actually connected? Wh	en				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected;					
give location of tanks.	L 15 11S 27E	No .					
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:					
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res				
Designate Type of Completic							
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Date Spudded							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
			Depth Casing Shoe				
Perforations			Deptil Casing Silver				
TUBING, CASING, AND CEMENTING RECORD							
		DEPTH SET	SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE	DE. T.TOS.					
			<u> </u>				
THE PROPERTY A	FOR ALLOWARIE (Test must be a	ifter recovery of total volume of load or	il and must be equal to or exceed top a				
OIL WELL	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a 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	illi, etc.)				
			Choke Size				
Length of Test	Tubing Pressure	Casing Pressure	0020				
		Water - Bbls.	Gas-MCF				
Actual Prod. During Test	Oil-Bbls.	174,03 - 22121					
		1					
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
Actual Prod. Test-MCF/D	Langth of 100						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
resump Method (phos, out a pro)							
CONTRACTOR OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION				
I. CERTIFICATE OF COMPLIA		11:					
y handle and the the order on	d regulations of the Oil Conservation	APPROVED	, 13				
Commission have been complied	I with and that the information given	BY W. A. B	ressett				
above is true and complete to	the best of my knowledge and belief.	· 5:	Control of the second of the s				
		TITLE					
()	/	This form is to be filed	in compliance with RULE 1104.				
Van Mark	and a	II .	a the feet a manufactured of deep				
7 (B)	ignature)	well, this form must be accome tests taken on the well in accome.	npanied by a tabulation of the devi cordance with RULE 111.				
V V		II feers rausin on the first the first	_				

(Title)

Feb. 4, 1969 (Date)

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 Forms C-104 must be filed for each pool in multiply completed wells.