

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Form C-104A
August 11, 2000

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit 1 copy of the final affected wells
list along with 2 copies of this form per
number of wells on that list to
appropriate District Office

Change of Operator

Previous Operator Information:

OGRID: 015346
Name: Mountain State Petro. Corp.
Address: P.O. Box 1936
Address:
City, State, Zip: Roswell, New Mexico 88202

New Operator Information:

Effective Date: 01-01-2001
New Ogrid: 196015
New Name: Slayton Resources, Inc.
Address: P.O. Box 2035
Address:
City, State, Zip: Roswell, New Mexico 88202

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information on this form and the attached list of wells is true and complete to the best of my knowledge and belief.

New Operator
Signature: Paul Slayton

Printed name: Paul Slayton

Title: President

Date: 05/24/01 Phone: 505--623-7184

RECEIVED
OCD ARTESIA

Previous operator complete below:

Previous
Operator: Mountain States Petro. Corp.
Previous
OGRID: 015346
Signature: Scott Slayton
Printed
Name: Scott Slayton, Pres.

NMOCD Approval	
Signature:	<u>Jim W. Beem</u>
Printed Name:	<u>District Supervisor</u>
District:	
Date:	<u>AUG 27 2001</u>

DISTRIBUTION
NTA FE
LE
S.G.S.
AND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION OFFICE

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

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

RECEIVED BY
NOV 20 1986
O. C. D.
ARTESIA, OFFICE

Mountain States Petroleum Corp.

Address
P.O. Box 1936 Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well
Recompletion
Change in Ownership
Change in Transporter of:
Oil
Casinghead Gas
Dry Gas
Condensate
Change of ownership give name and address of previous owner
Slayton Oil Corp, P.O. Box 1936 Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE
Lease Name
Levick C State
Well No.
#4
Pool Name, Including Formation
Coyote Queen
Kind of Lease
State, Federal or Fee
State
Lease
E8879
Location
Unit Letter
P
Feet From The
1650
No
Line and
2310
Feet From The
West
Line of Section
15
Township
11 S
Range
27 E
NMPM
Chaves
Cour

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil
Navajo Refining Company
Name of Authorized Transporter of Casinghead Gas
None
Address (Give address to which approved copy of this form is to be sent)
No. Freeman Ave. Artesia, New Mexico 88210
Address (Give address to which approved copy of this form is to be sent)
Is gas actually connected?
No
When

COMPLETION DATA
Designate Type of Completion - (X)
Oil Well
Gas Well
New Well
Workover
Deepen
Plug Back
Same Res'v.
Diff. F
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
Post #D-3
12-5-86
ahg op

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 to be 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 (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.
Riley W. Wicks
Clerk
Sept. 1, 1986
Title

OIL CONSERVATION COMMISSION
DEC 3 1986
APPROVED
BY
Original Signed By
Les A. Clement
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 d well, this form must be accompanied by a tabulation of the d tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely f able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes o well name or number, or transporter, or other such change of c

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

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

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

RECEIVED BY
JAN 12 1984
O. C. D.
ARTESIA OFFICE

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation.	Kind of Lease	Lease No.
Levick State ✓	#4	Coyote Queen	State, Federal or Fee	8879
Location:				754
Unit Letter	Feet From The	Line and	Feet From The	
F	1650	No	2310	West
Line of Section	Township	Range	NMPM	Chaves
15	11S	27 E		Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Navajo Refining Co.	No. Freeman Ave. Artesia, N M 88210					
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)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	R L	15	11S	27 E	No	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, R&B, 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					

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 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.)	Post. No. 3
Length of Test	Tubing Pressure	Casing Pressure	2-17-84
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Choke Size
			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

VI. 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 Wickersham
(Signature)
Clerk
Jan 1, 1984
(Date)

OIL CONSERVATION COMMISSION
FEB 13 1984
APPROVED _____, 19____
BY _____
Original Signed 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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well 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 conditions.
Separate Form C-104 must be filed for each well in a