

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65	
AN TA FE		REQUEST FOR ALLOWABLE			
ILE		AND			
S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		RECEIVED			
TRANSPORTER		APR 9 1974			
OIL					
GAS					
OPERATOR					
PRORATION OFFICE					
Operator		D.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)			
New Well		Change in Transporter of:			
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
Levick D State		2		Coyote Queen	
Location		Kind of Lease		Lease No.	
Unit Letter		State, Federal or Fee		State	
H		E-8732			
1650		Feet From The		North	
Line and		330		Feet From The	
East					
Line of Section		Township		Range	
15		11S		27E	
				, NMPM,	
				Chaves	
				County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil		or Condensate		Address (Give address to which approved copy of this form is to be sent)	
Navajo Crude Oil Purchasing				N. Freeman Artesia, N. Mex.	
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		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		Sec.	
G		15		11S	
				27E	
Is gas actually connected?		When			
No					
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'v.		Diff. Res'v.	
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	
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.)	
Length of Test		Tubing Pressure		Casing Pressure	
				Choke Size	
Actual Prod. During Test		Oil-Bble.		Water-Bble.	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bble. 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.					
APPROVED APR 16 1974					
BY W.A. Gussett					
TITLE OIL AND GAS INSPECTOR					
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 deviation 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.					
Supersede Forms C-104 must be filed for each such change of condition.					
Paul Slayton		OPERATOR			
(Signature)		(Title)			
April 1, 1974		(Date)			