

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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  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: Paul Slayton P. O. Box 1936, Roswell, New Mexico 88201

**DESCRIPTION OF WELL AND LEASE**

Lease Name: <u>Levick State</u>	Well No.: <u>#6</u>	Pool Name, including Formation: <u>Coyote Queen</u>	Kind of Lease: <u>State</u>	Lease No.: <u>E7547</u>
Location: Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>So.</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>11 So.</u> Range <u>27 E</u> , NMPM, <u>Chaves</u> County				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate : SI Address (Give address to which approved copy of this form is to be sent): \_\_\_\_\_

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 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	Some Restv.	Diff. Re-
Date Spudded	Date Compl. Ready to Prod.		Total Depth			F.B.T.D.		
Elevations (DF, AAB, RT, GA, 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>Flow PD-3</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>2-17-34</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF <u>Clg Op.</u>

**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  
Clerk (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 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 name or number, or transporter, or other such change of condition.  
Separate Form C-104 must be filed for each well to which