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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRORATION 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 C-110  
Effective 1-1-65

1. Operator Paul Slayton ✓  
Address 115 East Country Club, Roswell, New Mexico 88201  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Other (Please explain) From The Permian Corp.

If change of ownership give name Ernest E. A. Hanson, Box 1515, Roswell, N.M. 1/2 and address of previous owner Continental Oil Co., Box 431, Midland, Texas 1/2

DESCRIPTION OF WELL AND LEASE  
Lease Name DeKalb Federal Well No. 1A Pool Name, including Formation Coyote Queen Kind of Lease State, Federal or Fee Federal Lease No. NM-02146  
Location  
Unit Letter A ; 330 Feet From The North Line and 330 Feet From The East  
Line of Section 20 Township 11S Range 27E , NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Scurlock Oil Company Address (Give address to which approved copy of this form is to be sent) 414 Mid America Building, Midland, Texas  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
None 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 A Sec. 20 Twp. 11S Rge. 27E Is gas actually connected? No 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)  
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-Bbls. Water-Bbls. Gas-MCF

GAS 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

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.  
Janie West  
(Signature)  
Clerk  
(Title)  
November 8, 1967  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED NOV 20 1967, 19  
BY W. A. Gressett  
TITLE Oil and Gas Lease  
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.  
Separate Forms C-104 must be filed for each pool in multiply