

ANTAF E	<input checked="" type="checkbox"/>	
ILE	<input checked="" type="checkbox"/>	
S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	
	GAS <input type="checkbox"/>	
OPERATOR	<input checked="" type="checkbox"/>	
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 1-1-85

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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" 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	Levick/State A	Well No.	#1	Pool Name, Including Formation	Coyote Queen	Kind of Lease	State, Federal or Fee State	Lease No.	C 9241
Location	Unit Letter D	330	Feet From The	No.	990	Feet From The	West		
Line of Section	21	Township	11 S	Range	27 E	NMPM,	Chaves	County	

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 D	Sec. 21	Twp. 11 S	Rge. 27 E	Is gas actually connected?	No;	When	

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	Deeper	Plug Back	Same Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, RAB, RT, GH, 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 Test 3 2-17-84
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

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 Wicks Kershner  
(Signature)

Clerk

(Title)

Jan 1, 1984

(Date)

OIL CONSERVATION COMMISSION

FEB 13 1984

APPROVED \_\_\_\_\_, 19

Original Signed By

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 deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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. Form C-104 must be filed for each well to which