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TRANSPORTER	OIL /
	GAS
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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

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: Oil Dry Gas
Recompletion Casinghead Gas Condensate
Change in Ownership Other (Please explain): *From The Permian Corp.*

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

DESCRIPTION OF WELL AND LEASE
Lease Name: Pan American A State Well No.: 1 Pool Name: Coyote Queen Kind of Lease: State, Federal or Fee State Lease No.: E-8953
Location: Unit Letter D, 330 Feet From The North Line and 990 Feet From The West
Line of Section 22 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: 414 Mid America Building, Midland, Texas
Name of Authorized Transporter of Casinghead Gas or Dry Gas : None
If well produces oil or liquids, give location of tanks: Unit D, Sec. 22, Twp. 11S, Rge. 27E Is gas actually connected? 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, CR, 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 (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.
Dorrie West
(Signature)
Clerk
(Title)
November 8, 1967
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY *W.A. Gressett*
TITLE _____
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.
Forms C-104 must be filed for each pool in a field.