| | ANTAFE | REQUEST | FOR ALLOWA E | Supersedes Un C-104 and | | | | |
|--|---|---|--|---------------------------------------|---|---|--------------------------------|-------------------------------------|
| | .5.G.5. | 41171100174710117075 | ייוח | ECEIVEDIBY - 1-1-5 | | | | |
| | AND OFFICE | _ AUTHORIZATION TO TR | ANSPORT OIL AND NATURAL | GAS AN 111984 | | | | |
| | IRANSPORTER OIL | | | | | | | |
| | OPERATOR / | | | O. C. D. ARTESIA, OFFICE | | | | |
| 1. | PRORATION OFFICE | _ | \ | ARTEON, OTTO | | | | |
| • | Operator | | | | | | | |
| | Slayton Oi | 1 Corp. V | | | | | | |
| | P. O. Box 2035 Roswell, New Mexico 88201 | | | | | | | |
| | Recson(s) for filing (Check proper box) Other (Please explain) | | | | | | | |
| | : ew We!! | Change in Transporter of: | | | | | | |
| | Recompletion Change in Ownership X | Oil Dry G Casinghead Gas Conde | as constant | | | | | |
| | | | | | | | | |
| | If change of ownership give name and address of previous owner | Paul Slayton P | . O. Box 1936, Roswe | ll, New Mexico 88201 | | | | |
| 11 | DESCRIPTION OF WELL AND | 1 FASE | • | | | | | |
| | Lease Name | Well No. Pool Name, Including F | • | 24352 / | | | | |
| | Sinclair State | 1 Acme Sar | Andres State, Feder | al c: Fee State V-131 | | | | |
| | Location E | 650 N Lin | 990 | _ West | | | | |
| | | _ | | | | | | |
| l | Line of Section 7 | SO which is Flange | 27 E , NMPM, Cha | V e S Coun | | | | |
| , | DESIGN ATION OF TRANSPOR | TER OF OIL AND NATURAL GA | ıc | | | | | |
| • | None of Authorized Transporter of Of | or Conder.sate | Address (Give address to which appro | oved copy of this form is to be sent) | | | | |
| į | Navajo Refining Co. | | No. Freeman Ave. Ar | | | | | |
| | Name at Authorized Transporter of Ca None | singhedd Gas or Dry Gas | Address (Give address to which appro | oved copy of this form is to be sent) | | | | |
| | | Unit Sec. Twr. Fae. E 5 8 27 E | Is gas actually connected? W | nen | | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twr. Fae. 5 8S 27E | No | | | | | |
| | | th that from any other lease or pool, | give commingling order number: | | | | | |
| , . I | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | "Plug Back Same Res'v. Diff. Re | | | | |
| | Designate Type of Completi | on - (X) | | | | | | |
| Ī | 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 | | | | |
| | | , | | | | | | |
| ı | Perforations Depth Casing Shoe | | | | | | | |
| - | TUBING, CASING, AND CEMENTING RECORD | | | | | | | |
| ł | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | |
| | | | | | | | | |
| - | | | | | | | | |
| - | | | 1 | | | | | |
| | TEST DATA AND REQUEST F | | feer recovery of socal volume of load oil | and must be equal to or exceed top a | | | | |
| _ | OIL WELL Date First New Oil Run To Tanks | Date of Test | pth or be for full 24 hours) Producing Method (Flow, pump, gas li | ji, eic.) Post. In 3 | | | | |
| - | | | | 2-17-84 | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size Chq. D.A. | | | | |
| - | Actual Prod. During Test | Oil-Bbis. | Water-Bbls. | Gas-MCF | | | | |
| | | | | | | | | |
| _ | | | | | | | | |
| ۲ | GAS WELL Actual Prod. Toot-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | | |
| | · | | | | | | | |
| | Teeting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | | |
| L | SEPTIFICATE OF COURT LAN | DE | OU CONSERVA | TION COMMISSION | | | | |
| | CERTIFICATE OF COMPLIAN | ₽.E. | | | | | | |
| 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 FEB 1 3 1984 | | | | | | |
| | | | | / | 7 | , | | compliance with RULE 1104. |
| | | | | Subs/Wickersham | | | If this is a request for allow | vable for a newly drilled or deeper |
| (Signature) | | well, this form must be accompa- tests taken on the well in acco | nied by a tabulation of the deviat | | | | | |
| Clerk | | All sections of this form mu | at be filled out completely for all: | | | | | |
| (Title) Jan. 1, 1984 | | able on new and recompleted we | ells. I. III, and VI for changes of own | | | | | |
| _ | (Da | (e) | well name or number, or transport | er, or other such change of conditi | | | | |
| | | · · | Canada Enma C.104 min | . La filad for each most in miles | | | | |