

DISTRIBUTION	
ANTA FE	<input checked="" type="checkbox"/>
ILE	<input checked="" type="checkbox"/>
S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

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-105
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):
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

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Levick State Well No.: #1100 Pool Name, including Formation: Coyote Queen Kind of Lease: State Lease No.: E 8875
Location: Unit Letter: M : 990 Feet From The So. Line and 330 Feet From The West
Line of Section: 15 Township: 11 S Range: 27 E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil: ☒ or Condensate ☐
Navajo Refinind Co. Address (Give address to which approved copy of this form is to be sent): No. Freeman Ave. Artesia, N M 88210
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 #1 Sec. 15 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:

V. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'y. Diff. Fr.
Date Spudded: Date Compl. Ready to Prod. Total Depth: F.B.T.D.
Elevations (DF, RAB, RT, CH, 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

VI. 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 of hole 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. PD-3
Length of Test: Tubing Pressure: Casing Pressure: Choke Size: 2-17-84
Actual Prod. During Test: Oil-Bbls.: Water-Bbls.: Gas-MCF: chg. OP

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:

1. 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 Wickersham
Clerk (Signature)
Jan 1, 1984 (Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 13 1984, 19
BY Leslie A. Clements Original Signed By
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 deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of cond