

DISTRIBUTION			
SANITARY		1	
FILE		1	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		1	
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 C-110  
Effective 1-1-65

RECEIVED

JUN 26 1973

TH

Operator	H. E. Prince ✓			O. C. C.		
Address	606 N. Atkinson, Roswell, New Mexico, 88201			ARTESIA, OFFICE		
Reason(s) for filing (Check proper box)	Other (Please explain)					
New Well	<input type="checkbox"/>	Change in Transporter of:				
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>	From Permian
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner 2827 N. Lynamer  
Paul Slayton, 905 N. Lea, Roswell, New Mexico 88201

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.				
Dale Federal	9	Leslie Springs S. 4.	State, Federal or Fee	Fed, LC-067811-A				
Location								
Unit Letter	G	1650	Feet From The	N	Line and	1650	Feet From The	E
Line of Section	26	Township	7S	Range	26E	NMPM,	Chaves	County

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 Crude Oil Purchasing Co.					Drawer 159, Artesia, New Mexico 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)				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When			
	G	26	7S	26E	No				

If this production is commingled with that from any other lease or pool, give commingling order number:

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, 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	

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.		OIL CONSERVATION COMMISSION JUN 29 1973 APPROVED _____, 19____ BY <u>W. A. Gressett</u> TITLE <u>OIL AND GAS INSPECTOR</u>  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	
<u>H. E. Prince</u> (Signature) <u>owner</u> (Title) <u>6-12-73</u> (Date)			