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IRANSPORTER	011	_	1			
	GA	s				
OPERATOR						
PRORATION OFFICE						
Operator V						
Paul Slayto	n I	15	Ξ.	- c		
115 E. Cour	itry	, C	1ul	R		
Reason(s) for filing	(Chec	ck p	rope	box		
New Well						
Recompletion						
Change in Ownership	\Box					

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE /	REQUEST	FOR ALLOWABLE	R E Superpodes Old C-104 and C-11		
	U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	GAS		
	LAND OFFICE OIL /			FEB 1 9 1971		
	TRANSPORTER GAS OPERATOR			O. G. D.		
ı.	PRORATION OFFICE			ARTESIA, OFFICE		
	Paul Slayton 115 E. Commercy Club Road Roswell, N.M.					
	115 E. Country Club R	oad Roswell, N.M.				
	eason(s) for filing (Check proper box) Other (Please explain)					
	New Well Recompletion	Change in Transporter of: Oil Dry Ga				
	Change in Ownership	Casinghead Gas Conder	─			
	If change of ownership give name and address of previous owner	Sam G.# Dunn Oil Opera	ations P.O. Box 3095 Lu	bbock, Texas		
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lea	ise Lease No.		
	Elliott Federal	3 Linda San Andı		ral or Fee Federal LC068127		
	Location					
	Unit Letter J; 1	650 Feet From The S Lin	le and 1650 Feet From	n The <u>E</u>		
	Line of Section 33 To	wnship 6S Range	26 E , NMPM, C	haves County		
II.		TER OF OIL AND NATURAL GA				
	Name of Authorized Transporter of Oi	or Condensate		roved copy of this form is to be sent)		
	Permain Corporation Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	P.O. Box 3119 Midland Address (Give address to which app	Texas roved copy of this form is to be sent)		
	If well produces cil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	/hen		
		J J 33 6 26 ith that from any other lease or pool,	no			
v.	COMPLETION DATA					
	Designate Type of Completi	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty		
	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		<u> </u>	Depth Casing Shoe		
			A CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
						
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a		il and must be equal to or exceed top allow		
	II. WELL able for this depth or be for full 24 hours) atterprise 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	Oll - Bbls.	Water - Bbls.	Gas-MCF		
	CAC 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		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	VATION COMMISSION		
	Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED 7	19		
	above is true and complete to th	e best of my knowledge and belief.	BY W. G. SIESEO			
	•		TITLEOIL AND GAS INSPECTOR			
	1 3/ -		This form is to be filed in compliance with RULE 1104.			
	- Mayler	nature)	well this form must be accomi	owable for a newly drilled or deepened panied by a tabulation of the deviation		
	(10) t	······································	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	T	itle)				
	3-10 m	ate)	Fill out only Sections I, well name or number, or transpo	II. III, and VI for changes of owner or other such change of condition		
	(D	use/	well name or number, or transporter, or other such change of condition			

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. Fill out only Sections 1, 11, 121, well name or number, or transporter, or other such change of constant Separate Forms C-104 must be filed for each pool in multiply completed wells.