ſ	NO. OF COPIES RECE	4						
ľ	DISTRIBUTIO							
ŀ	SANTA FE	1						
ļ	FILE	1						
I	U.S.G.S.							
Ì	LAND OFFICE							
1	TRANSPORTER	OIL	7					
		GAS						
İ	OPERATOR	1						
	PRORATION OF							
	Operator							
	Paul Slayton							
	Address							
	115 E. Country Club							
	Reason(s) for filing (Check proper bo							
	New Well							
	Recompletion	1 1						

2-10-1971

(Date)

}	SANTA FE	1/		REQUEST FOR ALLOWABLE			Supersedes Old C-104 and C-110 Effective 1-1-65	
}	U.S.G.S.	/		ALITHODIZATION TO TOAL	AND ISPORT OIL AND N	JATHDAL S		
}	LAND OFFICE	+		AUTHORIZATION TO TRAN	ISPUR I UIL AND I	MATUKAL &	MELEIVE	E D
ŀ	OIL	7						
Į	TRANSPORTER GAS						FEB 1 9 1971	
[	OPERATOR						<del></del>	
I.	PRORATION OFFICE Operator		L				G. C. C.	
	Paul Slayton	, ·					ARTEGIA, OFFICE	
	Address	7						
-				Road Roswell N.M.	Other (Please	ernlain)		
	Reason(s) for filing (Check	; prope	r box)	Change in Transporter of:	Office (1 rease	explain		
	Recompletion			Oil Dry Gas				
	Change in Ownership X			Casinghead Gas Condens	ate			
	If change of ownership gi	ive na	me		<b>5</b> 0			
	and address of previous	owner.		Des Sam G. Dunn Oil Ope	ration P.O. ]	30x 3095 1	Lubbock, Texas	
**	DESCRIPTION OF WE	T T A	ND I	LEASE				
11.	DESCRIPTION OF WE Lease Name	LL A	ו עוו	Well No. Pool Name, Including For	mation	Kind of Lease		Lease No.
	Elliott Feder	al_		4 Linda San Andr	es	State, Federa	or Fee Federal	LC068127
	Location			3				
	Undit Letter	;	23:	10 Feet From TheSouth Line	and <u>2310</u>	Feet From ?	The East	
	Line of Section	22	Tou	vnship KC Range 🤈	6 F NMPN	. Chaves		County
	Line of Section	33	10.	vnship 6S Runge 2	0 !	CHAVES		
III.	DESIGNATION OF TR	RANSF	ORT	TER OF OIL AND NATURAL GAS	Address (Cins address	to which appro-	ved copy of this form is	to he sent
	Name of Authorized Trans							LO DE SEILL/
	The Permain C	orpo	rati	Lon	P.O. Box 3 Address (Give address	119 Midla to which approx	nd, Texas ped copy of this form is	to be sent)
	Nume of Authorizon frame	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	If well produces cil or liqu	uids.		Unit Sec. Twp. Rge.	Is gas actually connect	ed? Who	en .	
	give location of tanks.			J 33 65 26 B	<u>no</u>			
	If this production is com	mingle	ed wit	th that from any other lease or pool, g	ive commingling orde	r number:		<del></del>
IV.	COMPLETION DATA				New Well Workover	Deepen	Plug Back   Same Re	es'v. Diff. Res'v.
	Designate Type of	Comp	letic	on = (X)	 			<u> </u>
	Date Spudded		-	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	·-
	6-25-65			7-6-1965	1094 Top Oil/Gas Pay		Tubing Depth	
	Elevations (DF, RKB, RT,	, GR, e	tc.j	Name of Producing Formation	Top On/Gds Pdy		rubing Beptin	
	Perforations	<del></del>	1			Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								MENT
	HOLE SIZE	<u> </u>		CASING & TUBING SIZE	DEPTH S	<u>- E I                                  </u>	SACKS CE	MENT
V.	TEST DATA AND RE	QUE	ST F	OR ALLOWABLE (Test must be af	ter recovery of total vol oth or be for full 24 how	ume of load oil	and must be equal to or	exceed top allow-
	OIL WELL Date First New Oil Run T	o Tank		Date of Test	Producing Method (Flo		ft, etc.)	
	Date i her her ou							
	Length of Test			Tubing Pressure	Casing Pressure		Choke Size	
				Oli Phia	Water - Bbls.		Gas-MCF	
	Actual Prod. During Test			Oil-Bbls.	114101 - 22201			
	GAS WELL							
	Actual Prod. Test-MCF/	Ф		Length of Test	Bbis. Condensate/MM	CF	Gravity of Condensa	t <b>e</b>
	The Mark and Colors ha	ak ne i		Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size	
	Testing Method (pitot, ba	ien prij		. would t. seems ( ottober 1		·		
<b>1</b> 77	CERTIFICATE OF COMPLIANCE		OIL	CONSERV	ATION COMMISSI	ON		
٧I	CERTIFICATE OF COMPLIANCE			APR	7. <b>1071</b>			
	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	73 /	13/1	. , 19		
			BY W. a. Gressett					
	Who are the sud com	above is true and complete to the best of my knowledge and best				OIL AND GA	IS INSPECTOR	
	1)1				TITLE This form is to be filed in compliance with RULE 1104.			
	for the	Let like Tour				for allo	wahle for a newly dri	illed or deepened
	14.		Sizi	nature)				
	Agent		V		tests taken on the	e well in acco	ust be filled out com	1110
			(T	itle)	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 completed wells.