

|                  |   |                                     |
|------------------|---|-------------------------------------|
| ANTAFE           | <input checked="" type="checkbox"/>     |                                     |
| ILE              | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/> |
| S.G.S.           |   |                                     |
| AND OFFICE       |   |                                     |
| TRANSPORTER      | OIL <input checked="" type="checkbox"/> |                                     |
|                  | GAS <input type="checkbox"/>            |                                     |
| OPERATOR         | <input checked="" type="checkbox"/>     |                                     |
| PRORATION OFFICE |   |                                     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY  
Supersede Old C-104 and Effective 1-1-85  
JAN 31 1984  
O. C. D.  
ARTESIA, OFFICE

1. Operator Slayton Oil Corp. ✓

Address P. O. Box 2035 Roswell, New Mexico 88201

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 type="checkbox"/>            | Dry Gas <input type="checkbox"/>    |
| 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 Paul Slayton P. O. Box 1936, Roswell, New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE

|   |                      |  |  |     |       |
|---|----------------------|--|--|-----|-------|
| Lease Name<br><u>Everna Faircloth B</u> | Well No.<br><u>3</u> | Pool Name, Including Formation<br><u>Acme San Andres</u> | Kind of Lease<br>State, Federal or Fee | Fee | Lease |
|---|----------------------|--|--|-----|-------|

Location:

Unit Letter P : 660 Feet From The South Line and 660 Feet From The East

Line of Section 32 Township 7 S Range 27 E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| 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) |
| <u>Navajo Refining Co.</u>   | <u>No. Freeman Ave. Artesia, N M 88210</u>                               |
| 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) |
| <u>None</u>  |  |

|  |                  |                   |                    |                     |   |      |
|--|------------------|-------------------|--------------------|---------------------|---|------|
| If well produces oil or liquids, give location of tanks. | Unit<br><u>P</u> | Sec.<br><u>32</u> | Twp.<br><u>7 S</u> | Rge.<br><u>27 E</u> | Is gas actually connected?<br><u>No</u> | When |
|--|------------------|-------------------|--------------------|---------------------|---|------|

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

IV. COMPLETION DATA

|                                    |          |          |          |          |        |           |            |          |
|------------------------------------|----------|----------|----------|----------|--------|-----------|------------|----------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deeper | Plug Back | Same Resv. | Diff. Re |
|------------------------------------|----------|----------|----------|----------|--------|-----------|------------|----------|

|                                    |                             |                 |              |
|------------------------------------|-----------------------------|-----------------|--------------|
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | F.B.T.D.     |
| Elevations (DF, RAB, RT, CR, 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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

V. 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.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

*Post. 20-3  
2-17-84  
Chg. O.K.*

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            |

I. 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.

Billy Wickersham  
(Signature)  
Clerk  
(Title)  
Jan 1, 1984  
(Date)

OIL CONSERVATION COMMISSION  
FEB 13 1984  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Leslie A. Clements  
Supervisor District II  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each well to which