

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

RECEIVED BY
JAN 11 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 | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) | |
| 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 | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Avalanche Journal State | 4 | Acme San Andres | State, Federal or Fee State | L 937 |

Location:
Unit Letter K ; 2310 Feet From The So. Line and 1650 Feet From The West
Line of Section 4 Township 8 So. Range 27 E, NMPM, Chaves County

I. 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) |
| Navajo Refining Co. | No. Freeman Ave. Artesia, N M 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) |
| None | |

| | | | | | | |
|--|------|------|------|------|----------------------------|------|
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | L | 4 | 8 S | 27 E | None | |

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

III. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|----------|----------|----------|----------|--------|-----------|-------------|----------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res't. | Diff. Re |
| | | | | | | | | |

| | | | |
|--------------|----------------------------|-------------|----------|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | | | |

| | | | |
|------------------------------------|-----------------------------|-----------------|--------------|
| Elevations (DF, RKE, 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 |
| | | | |
| | | | |
| | | | |

IV. 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| | | | |

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

OIL CONSERVATION COMMISSION

APPROVED FEB 13 1984

Original Signed By
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 deviate 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 own well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each well to which