

DISTRIBUTION
ANTA FE
ILE
S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-85

RECEIVED BY
JAN 12 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
Recompletion
Change in Ownership
Change in Transporter of:
Oil
Casinghead Gas
Dry Gas
Condensate

Other (Please explain)

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: McAlester State
Well No.: 3
Pool Name, including Formation: Coyote Queen
Kind of Lease: State, Federal or Fee
State: E8879
Location:
Unit Letter: M
330 Feet From The So. Line and 330 Feet From The West
Line of Section: 10
Township: 11 S
Range: 27 E
NMPM: Chaves
County:

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate: Well SI
Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas:
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:

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

V. COMPLETION DATA

Designate Type of Completion - (X)
Oil well Gas well New Well Workover Deeper Plug Back Same Restv. Diff. R.
Date Spudded Date Compl. Ready to Prod. Total Depth F.B.T.D.
Elevations (DF, RKB, RT, GH, 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 able 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

VI. 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 Weckershan
Clerk
Jan. 1, 1984

OIL CONSERVATION COMMISSION

APPROVED FEB 13 1984
BY Original Signed By Leslie A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or de well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for able 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 cor
Supersedes Form C-104 must be filed for each well to