

DISTRIBUTION		
AMT A FE		
ILL		
S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 2 1974

Operator  
**B & D Oil Company**

Address  
**P O Box 804 Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)  
 New Well       Change in Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change in Ownership       Casinghead Gas       Condensate

O. C. C.  
ARTESIA, OFFICE

If change of ownership give name and address of previous owner **Paul Slayton, P O Box 1936, Roswell, N. Mexico 88201**

II. DESCRIPTION OF WELL AND LEASE

Lease Name **SRLG Unit**      Well No. **4**      Pool Name, Including Formation **Red Lake Grayburg**      Kind of Lease **Federal**      Lease No. **Lc 05561**

Location  
Unit Letter **B**      **988** Feet From The **North** Line and **1664** Feet From The **East**  
Line of Section **35**      Township **17 S**      Range **27 E**      NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
**Navajo Refining Co. Pipeline Division**      Address (Give address to which approved copy of this form is to be sent) **N. Freeman Ave, Artesia, N. Mex. 88210**

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 **I**      Sec. **35**      Twp. **17 S**      Rge. **27E**      Is gas actually connected?      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	Deepen	Plug Back	Same Res'v.	Diff. Res'v.		
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						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 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

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.

**B & D Oil Company**  
*Robert L. Slayton*  
(Signature)  
Operators  
(Title)  
July 1, 1974  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **AUG 20 1974**, 19\_\_\_\_  
BY *W. R. Gressett*  
TITLE **OIL AND GAS INSPECTOR**

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
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 Form C-104 must be filed for each well to maintain