

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

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

RECEIVED

APR 14 1978

I.

Operator Paul Slayton	
Address P O Box 1936 Roswell, N Mex 88201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE PRODUCED AFTER 6-1-78 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED Ex. # 2-270	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name West	Well No. # 1	Pool Name, Including Formation Empire Yates 7 Rivers	Kind of Lease State, Federal or Fee State	Lease No. L 4855
Location Unit Letter D ; 380 Feet From The North Line and 350 Feet From The West				
Line of Section 30 Township 17 S Range 28 E , NMPM, Eddy 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"/> Navajo Crude Purch Co.	Address (Give address to which approved copy of this form is to be sent) 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)	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 30
	Twp. 17S	Rge. 28E
	Is gas actually connected? No	
	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 02/24/78	Date Compl. Ready to Prod. 03/20/78	Total Depth 411'		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3524 GR	Name of Producing Formation Yates	Top Oil/Gas Pay 393		Tubing Depth 400'					
Perforations OK 393 - 411		Depth Casing Shoe 393							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 8"	CASING & TUBING SIZE 2"		DEPTH SET 400'		SACKS CEMENT 65 SXS				
	7"		393		65 SX				

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 03/20/78	Date of Test 3/20/78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure 0	Casing Pressure 0	Choke Size 0
Actual Prod. During Test 5 BPD	Oil-Bbls. 5 BPD	Water-Bbls. 0	Gas-MCF 0
Well has leveled off request 3 PBD			

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Wickersham
(Signature)

Clerk
(Title)

04-13-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 18 1978

BY W. A. Gressett

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 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 Forms C-104 must be filed for each well to maintain