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U.S.G.S.		<u> </u>	
LAND OFFICE			L
TRANSPORTER	OIL	<u> </u>	
	G A S		
OPERATOR			
PRORATION OFFICE			1

NEW MEXICO OIL CONSERVATION COMMIS 1 REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-116

* 2.	FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRAN	AND ISPORT OIL AND	NATURAL G	Effective I-1-65		
	LAYTON ENTERPRISES, INC.						
	3103 - 79th Street, Lubbock, Texas 79423						
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership X	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens			September 8,	1976	
	If change of ownership give name Mand address of previous owner		ON, P.O. Drawe	r 2164, Ro	swell, New Mexic	o 88201	
14.	DESCRIPTION OF WELL AND L Lease Name Tract #27	EASE Well No. Pool Name, Including For	rmatton	Kind of Lease	1	Lease No.	
	No. Caprock Queen Unit #	1 4Y Caprock Queen	(Lea)	State, Federal	Fee Fee		
	Unit Letter D : 13	10 Feet From The North Line	nand 10	Feet From T	he West		
	Line of Section 8 Town	nship 13S Range 32	2E , NMP	м, Lea		County	
ul.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil NAVAJO REFINING COMPAN' Name of Authorized Transporter of Cast	or Condensate []	No. Freeman A	ve., Artes	red copy of this form is to ia, New Mexico 8 red copy of this form is to	38210	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. A 6 13S 32E	Is gas actually connec	<u> i </u>	en		
Ϋ.	If this production is commingled with COMPLETION DATA				I Di - D-ch I Com- Doch	TOW Boots	
	Designate Type of Completion		New Well Workover	Deepen	Plug Back Same Res/\(\)	r. Diff. Resiv.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oli/Gas Pay		Tubing Depth		
					Depth Casing Shoe		
			CEMENTING RECORD		SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE					
		D AV V OWADY E /T	Con recovery of total up	lume of load oil	and must be soual to or ex	cesd top allou	
<i>'</i>	EST DATA AND REQUEST FOR ALLOWABLE (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) (II. WELL Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run To Tanks Date of Test						
	Length of Test	Tubing Pressure	Cdaing Pressure	•	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas-MCF		
			<u> </u>		<u></u>		
	GAS WELL Actual Prod. Tost-MCF/D	Length of Test	Bbls. Condensate/MM	1CF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sh	rt-in)	Choke Size		
:	CERTIFICATE OF COMPLIANCE) CE	OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and r Commission have been complied wabove is true and complete to the	iith and that the information kiyen	APPROVED				
President - Layton Enterprises, Inc. 8 - 14 - 16 (Date)		This form is to be filed in compliance with PU. E 1104. If this is a request for allowable for a newly drilled or deepend 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 conditions. Separate Forms C-104 must be filed for each pool in multiple.					
			Il completed wells.				