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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-11
Effective 1-1-55

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NOV 12 1975

Operator
FRANKLIN, ASTON & FAIR, LTD. ✓
Address
P. O. Box 1090, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☐ Change In Transporter of:
Completion ☐ effective Oil ☐
Change In Ownership ☒ 11-1-75 Casinghead Gas ☐ Dry Gas ☐
Condensate ☐ Other (Please explain)
Change of ownership give name and address of previous owner Franklin, Aston & Fair, Inc., P. O. Box 1090, Roswell, N. M. 88201

DESCRIPTION OF WELL AND LEASE
Lease Name Hudson
Well No. 2 Pool Name, Including Formation Grayburg Jackson Qn GBR SA
Kind of Lease State, Federal or Fee Federal LC Lease No. 054908
Location
Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East
Line of Section 18 Township 17S Range 31E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas New Mexico Pipeline Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1510, Midland, Texas 79701
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 A Sec. 18 Twp. 17S Rge. 31E
Is gas actually connected? No Gas Production When
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff. Resv.
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

HOLE SIZE	TUBING, CASING, AND CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE II. 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 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

AS 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

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 is true and complete to the best of my knowledge and belief.
Sam F. Stephens
(Signature)
General Partner
(Title)
11-7-75
(Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 17 1975
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 allowables 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.