

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND ~~HOODS OFFICE O. C. C.~~
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JAN 21 11 50 AM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
FRANKLIN, ASTON & FAIR, INC.

Address
P. O. Box 1090, Roswell, New Mexico

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Val State	Well No. 1	Pool Name, Including Formation (Undersig.) Todd Lower San Andres	Kind of Lease State, Federal or Fee State	Lease No. OG-1617
Location Todd-Lower San Andres R-3205				
Unit Letter J	1980	Feet From The South	Line and 1980	Feet From The East
Line of Section 30	Township 7S	Range 36E	, NMPM, Roosevelt 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"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Vented	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 J	Sec. 30	Twp. 7S	Rge. 36E
	Is gas actually connected?		When	
	No			

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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-30-66	Date Compl. Ready to Prod. 1-15-67	Total Depth 4293'		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4151' KB	Name of Producing Formation Lower San Andres	Top Oil/Gas Pay 4236'		Tubing Depth 4190'					
Perforations One .41 shot per foot at: 4236', 4238', 4244', 4247', 4251', 4255', 4263', and 4267'				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		296'		150 sx circ. to surf.				
7 7/8"	5 1/2"		4293'		250 sx				
	2"		4190'						

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 1-21-67	Date of Test 1-21-67	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure 160	Choke Size
Actual Prod. During Test	Oil - Bbls. 125	Water - Bbls. 0	Gas - MCF 86

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.

Grant M. Smith
(Signature)

Geologist

(Title)

January 23, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

ENGINEER DISTRICT NO. 1

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 pool in multiply completed wells.