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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-110  
 Effective 1-1-65

1966

**I. OPERATOR**

Operator: **FRANKLIN, ASTON & FAIR, INC.**

Address: **P. O. Box 1090, Roswell, New Mexico 88201**

Reason(s) for filing: (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter	<input type="checkbox"/>	Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input checked="" type="checkbox"/>
Change in Transporter	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner: \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Mark Federal</b>	Lease No. <b>LC 062529A</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Todd San Andres</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location				
Tract Letter <b>M</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>660</b>	Feet From The <b>West</b>
Line of Section <b>26</b>	Township <b>7 South</b>	Range <b>35 East</b>	N.M.P.M. <b>Roosevelt</b>	County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>None</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Capitan Petroleum, Inc.</b>	<b>P. O. Box 19598, Dallas, Texas 75219</b>
If well produces oil or liquids, give location of tanks.	Unit: _____ Ser.: _____ Day: _____ Era: _____ Is gas delivery scheduled? <b>Yes</b> When: <b>4-17-64</b>

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 type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.		
Elevation (D.F., KKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay				Tubing Depth		
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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	Casing Pressure	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.

James D. Stephens  
 (Signature)  
 Office Manager  
 (Title)  
 January 21, 1966  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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.