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

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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:
Recompletion ☐ effective 11-1-75 Oil ☐ Dry Gas ☐
Change in Ownership ☒ 11-1-75 Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner
Franklin, Aston & Fair, Inc., P. O. Box 1090, Roswell, N. M. 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name McIntyre A	Well No. 6	Pool Name, including Formation South Loco Hills Morrow Gas	Kind of Lease State, Federal or Fee Federal L	Lease No. 057634
Location Unit Letter 0 : 990 Feet From The South Line and 1650 Feet From The East Line of Section 20 Township 17S Range 30E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Company - Dry Gas Continental Midland Plant - Low Pressure Gas	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Bldg., Dallas, Tx. 75201 Drawer 1267, Ponca City, Okla. 74602
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 20 Twp. 17S Rge. 30E	Is gas actually connected? Yes When? 5-7-75 Sou. Union 5-29-75 Continental

If this production is commingled with that from any other lease or pool, give commingling order number: SW 886

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

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 (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.

Jim P. Stephens
(Signature)
General Partner
(Title)
11-7-75
(Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 17 1975
BY W. A. Gussert
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.