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LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/>
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OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
FRANKLIN, ASTON & FAIR, INC.
Address
P. O. Box 1090, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: Casinghead
 Recompletion Oil Dry Gas Gas Connected to Pipe Line
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark Federal	Well No. Pool Name, including Formation 6 Todd Lower San Andres	Kind of Lease State, Federal or Fee Federal LC	Lease No. 062529-A
Location Unit Letter P 660 Feet From The South Line and 660 Feet From The East			
Line of Section 25 Township 7 South Range 35 East 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 Oil Corporation	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company	Address (Give address to which approved copy of this form is to be sent) c/o Mr. M. R. Smith, Bluit Gasolene Plant, Milnesand, New Mexico
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 25 Twp. 7S Rge. 35E	Is gas actually connected? Yes When 4/4/67

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 Reservoir <input type="checkbox"/>	Diff. Reservoir <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.M.D.			
Elevations (DF, RKB, RT, GR, 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 ON 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.

Sam P. Stephens
(Signature)

Executive Vice-Pres.

(Title)

April 5, 1967

(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.

Revised Form O-104 must be filed for such well in which the well is to be drilled.