	10. OF COPIES RECEIVED 5 DISTRIBUTION ANTA FE 1 ILE 1 -	NEW MEXICO OIL CONSERVATION COMMIS N REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	LAND OFFICE			RECEIVED						
	OPERATOR MAR 2 8 1975									
	Operation OFFICE									
f	Address BOX 367, ANDREWS, TEXAS 79714									
ŀ	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Pleas		- 75 @1	1 - A Contraction				
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	FORMER			2 · ·				
L 1	If change of ownership give name	ANKLIN, ASTON & FAIR,								
11.	DESCRIPTION OF WELL AND LEASE									
	STATE EV	Well No. Pool Name, Including For	GSA	Kind of Lease State, Federal	or Fee STATE	B-7966-15				
	Location N 2188			Feet From T	he SOUTH					
	Line of Section 3/ Town				201	<u>.</u>				
[1].	DESIGNATION OF TRANSPORT	Condensate C	Address (Give address	\land	ed copy of this form is	_				
	NAUAJO CRUDE OIL HURC	HASES (B (TRUCKS)		s to which approv	ed copy of this form is					
	MOCO PRODUCTION COMPAN	, EAGP	BOX 367, ANE							
•	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. J 31 17 28	Is gas actually connect	ried ? when	3.7-63					
	If this production is commingled with	and the second		er number:	TB-103					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deeper.	Plug Back Same R	es'v. Diff. Res'v.				
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
		Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
	Elevations (DF, RKB, RT, GR, etc.,				Depth Casing Shoe					
	Perforations				Depth Cushig Sloe					
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
	HOLE SIZE	CASING & LUBING SIZE								
		·								
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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 Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif		,,, e.c.)					
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.		Gas-MCF					
			<u> </u>							
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/M	MCF	Gravity of Condenso	zte				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sh	ut-in)	Choke Size					
1/1	CERTIFICATE OF COMPLIAN	 CF	OIL CONSEF		VATION COMMISSION					
• •		MAR 3 1 1975 19								
	I hereby certify that the rules and a Commission have been complied w above is true and complete to the	BY								
	above is the and complete to the	TITLE SUPERVISOR, DISTRICT II								
0	4-NMOCC-ART	This form is to be filed in compliance with RULE 1104.								
	I-DIV	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								
	1-08P	MINISTRATIVE ASSISTANT	All sections of this form must be filled out completely for allow-							
	J-RRY MA	All sections of this form list of a vells. able 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								
	: المراجع (1) المراجع (1) المراجع (1)									

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Separ		Forms	C-104	must	be	filed	for	each	pool

Separate ro