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| TRANSPORTER | OIL | 1 |
| | GAS | |
| OPERATOR | | 2 |
| 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

OCT 16 1968

O. C. C.

ARTESIA, OFFICE

I. Operator
FRANKLIN, ASTON & FAIR, INC. ✓
Address
P. O. Box 1090, Roswell, New Mexico 88201
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 State A | Well No. 1 | Pool Name, Including Formation Loco Hills | Kind of Lease State, Federal or Fee State | Lease No. B-1778-31 |
| Location Unit Letter 0 ; 330 Feet From The South Line and 1650 Feet From The East Line of Section 36 Township 17S Range 29E , NMPM, Eddy 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"/> Texas-New Mexico Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" 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 0 | Sec. 36 | Twp. 17S | Rge. 29E | Is gas actually connected? No | When |

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 checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen <input checked="" type="checkbox"/> | Plug Back | Same Res'v. <input checked="" type="checkbox"/> | Diff. Res'v. <input checked="" type="checkbox"/> |
| Date Spudded Re-entered 9-12-68 | Date Compl. Ready to Prod. 10-8-68 | | Total Depth 3146' | | P.B.T.D. 3140 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3565' GR | Name of Producing Formation Premier | | Top Oil/Gas Pay 3010' | | Tubing Depth 2981' | | | |
| Perforations One shot per foot at 3010', 3016', 3021', 3025', 3051', 3057', 3063', 3085', 3087', 3091', 3099', 3104' | | | | | Depth Casing Shoe 3143' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | 8 5/8" | | 594' | | 50 sx 669# | | | |
| | 7" | | 2650' | | 100 sx 132 1/2 | | | |
| 6 1/4" | 4 1/2" | | 3143' | | 150 sx 198 1/2 | | | |
| | 2 3/8 | | 2981' | | | | | |

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 Oil Run To Tanks 10-8-68 | Date of Test 10-9-68 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hours | Tubing Pressure 100# | Casing Pressure 500# | Choke Size 22/64" |
| Actual Prod. During Test | Oil - Bbls. 90 | Water - Bbls. 5 | Gas - MCF 45 |

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)

10-14-68

(Date)

OIL CONSERVATION COMMISSION

APPROVED 10-14-68, 19

BY W. A. Hessert
TITLE OIL AND GAS INSPECTOR

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.