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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		1
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

NOV 12 1975

O. C. C.
ARTEBIA, OFFICE

I. OPERATOR
Operator
FRANKLIN, ASTON & FAIR, LTD.
Address
P. O. Box 1090, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☐ ☐ effective 11-1-75
Recompletion ☐ ☐ Change in Transporter of:
Change in Ownership ☒ 11-1-75 ☐ Oil ☐ Dry Gas ☐
☐ 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
State A
Well No. 1
Pool Name, including Formation
Loco Hills Qn GBR SA
Kind of Lease
State, Federal or Fee State 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, NMPA, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas New Mexico Pipeline 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 ☐ or Dry Gas ☐
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 Gas Production When

IV. COMPLETION DATA
If this production is commingled with that from any other lease or pool, give commingling order number:
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, 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 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 (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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.
General Partner
11-7-75
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.