

NEW MEXICO
OIL CONSERVATION COMMISSION

P. O. DRAWER DD
ARTESIA, NEW MEXICO

Jan. thru April, 1973

No. 2082 R

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE 3/16/73

PURPOSE: ALLOWABLE REVISION

Effective 3/16/73, the allowable of the following Franklin
Aston & Fair Inc. well in the Grayburg Jackson Pool is
hereby revised as indicated.

McIntyre "B" #2-M, 20-17-30

15 days at 1 bbl 15 bbls current

16 days at 5 bbls 80 bbls current

Total March Allowable, 95 bbls


" April " , 150 bbls

WAG:jw

Franklin, Aston & Fair, Inc.

OIL CONSERVATION COMMISSION

TNM


Supervisor, District No. 2

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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

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JUL 10 1969

O. C. C.

ARTESIA, OFFICE

I. Operator **Franklin, Aston, & Fair, Inc.**

Address **P. O. Box 1090, Roswell, New Mexico**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McIntyre "B"	Well No. 2	Pool Name, Including Formation Grayburg-Jackson Queen GBR SA	Kind of Lease State, Federal or Fee Federal	Lease No. LC 060999
Location				
Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West				
Line of Section 20 Township 17 Range 30 , 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) Box 1510, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 20
	Twp. 17	Rge. 30
	Is gas actually connected? Yes When October 30, 1961	

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	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

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 B. Stephens By m. m.
(Signature)

Executive Vice-President
(Title)

July 9, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 9 1969, 19

BY W. A. Gressett

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 tested wells.