NO. OF COPIES RECEIVED		19	
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

	SANTA FE	REQUEST I	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11( Effective 1-1-65	
	FILE		TAND, VED NSPORT OIL AND NATURAL (	Frierdiae (-1-02	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (	SAS	
	OIL	2.00	D 9 0 107E		
	TRANSPORTER GAS	API	R 3 0 1975		
_	OPERATOR PRORATION OFFICE		3. C. <b>C</b> .		
1.	Operator Operator	-	ESIA, OFFICE		
	FRANKLIN, ASTON & FAI	R, INC. '			
		ROSWELL, NEW MEXICO 882	201		
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well X	Change in Transporter of:  Oil Dry Gas		į	
	Recompletion Change in Ownership	Casinghead Gas Conden	77		
	If above of aurosphia sing name				
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I				
	Lease Name	Well No. Pool Name, Including Fo			
	McIntyre A	6   South Loco Hil	11s Morrow Gas State, Federa	rederal Ecosyosa	
	Unit Letter 0; 99	O Feet From The South Line	e and 1650 Feet From	<sub>The</sub> East	
	20	17C	30E , NMPM,	Eddy County	
	Line of Section 20 Tow	nship 17S Range 3	JUE , NMPM,	Eddy County	
III.	DESIGNATION OF TRANSPORT		S Address (Give address to which appro	ved copy of this form is to be sent)	
	Navajo Crude Oil Purchas		P.O. Box 159 Artesia,		
	Name of Authorized Transporter of Cas	Inghead Gas 🔲 💮 or Dry Gas 🔀	Address (Give address to which appro	ved copy of this form is to be sent)	
	Southern Union Gas Com	Unit Sec. Twp. Rge.	Fidelity Union Tower Bl Is gas actually connected? Wh	ldg. Dallas, TX 75201	
	If well produces oil or liquids, give location of tanks.	0 20 17S 30E	Yes	4 <del>-29-75</del>	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	sw-886	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff, Res'v.	
	Designate Type of Completio	, ,	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	October 24, 1973 Elevations (DF, RKB, RT, GR, etc.)	December 14, 1973  Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	KB 3647' GR 3633'	Pennsylvanian (Morrow)	11,224'	11,2221	
	Perforations	11 0011 11 0011		Depth Casing Shoe	
	4 jet shots per ft.	11,224' - 11,234'	CEMENTING RECORD	11,300'	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-3/4"	8-5/8".	1850'	800	
	7-7/8 ''	7''	2594 '	, 380	
	6-1/4"	4-1/211	11,300'	175	
**	TEST DATA AND REQUEST FO	DP ALLOWARIE (Test must be a	free recovery of total values of land ail	and must be equal to or exceed top allow-	
٧.	OIL WELL	able for this de	pth 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	
	CACARTI				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	4,500 MCF/D	4 hours	52 Casing Pressure (Shut-in)	57°	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 1460#	O#	38/64"	
VI.	VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  OIL CONSERVATION COMMISSION  MAY 8 1975  APPROVED  BY  OIL CONSERVATION COMMISSION  MAY 8 1975  APPROVED  BY		ATION COMMISSION		
			d/5		
			APPROVED ALLEGA TO		
			ome on the		
		TITLE SUPERVISOR, DISTRICT II		STRICT II	
This form is to be filed in com			compliance with RULE 1104.		
	Jam F. Dephens		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.			ordance with RULE 111.	
	A LCC-LICSINCIIC		All sections of this form must be filled out completely for allow-		

(Title)

(Date)

4-29-75

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