REQUEST FOR (OIL) - (GAS) ALLOWABLE APR 2 9

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			Mastel	ler	, Well No4	, in.	S.E.	1/4 3 . 3 . 1/4.
(Com	pany or Op	erator)		(Lesse)	•	·		, , , ,
P		7	, T. 18 S	R. 30 E	NMPM.,	roco }	TITE	Pool
			0	e ,, , 1Ω <u>-</u> ′	3_1957 ·~	oda Dudilida <i>a (</i>	lammladad	3-29-195R
			County. Date	352	Total Dept	h 35751	DRTH DRTH	2805
Please	indicate	location:						
	В	A			Name of Pr	-L	sco 111	s Dolmite
			PRODUCING INTER					
P	.	H	Perforations_	27781 Nene	te 2/95'	38511	Depth	AMEAT
[*]	G	n	Open Hole	лопо	Depth Casing Sho	e	Depth Tubing	
			OIL WELL TEST -					
F	J	I			bls.oil, no	hhle water :	18 h	Choke
						-		
N	1 0	P			eatment (after rec			Choke
•	. ~		load oil used):	12 bbls.	oil, <u>10</u> bbl	s water in 2	hrs, C	min. Size_2
		X	GAS WELL TEST -	•				
			Natural Prod. 1	Coet:	MCF/Day; H	ours flowed	Chok	e Size
a Casi	ng and Com	enting Reco						
ise Sise	Feet	SAX			pressure, etc.):_			
77			Test After Acid	d or Fracture Tr	eatment:	MC1	F/Day; Hour	s flowed
8	1 50	50	Choke Size	Method of	Testing:			
O.D.	450 2834	50 100		o Treatment ICS	ve amounts of mate	rials used. si	ich as acid	. water, oil. and
- O • D •		100	1				55 5514	,,,
Tubg	2750		Sand):	Tubing	Date first new	Anul 1	76 1050	
		<u> </u>	Press.	Press.	Date first new oil run to tank	. CO.	T 1770	^
			Oil Transporter	`			 	
			Gas Transporter					
rks:		************						

L					I complete to the l	hest of my kn	owledge.	
			ormation given ab		Franklin Ast	on & Fain		
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OII	L CONSE	RVATION	COMMISSION	В	y:	Signatu	ire)	
			<i>t</i>			¥=- Q	-	
m								
M	L ()	mel	roug		itleGent.L Send Cor	Sup! t nmunications	regarding	well to:

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NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Franklin Aston & Fair	Lease <u>Masteller</u>
Well No. 4 Unit Letter P S 7 T 18	S R30 E Pool Loco Hills
County Kind of Lease (S If well produces oil or condensate, give location Authorized Transporter of Oil or Condensate	State, Fed. or Patented) Fed. on of tanks: Unit 0 S 7 T 18 5 R 30 B
Midland Texas	
(Give address to which approved co	opy of this form is to be sent)
Authorized Transporter of Gas	
Address	
(Give address to which approved configuration of Gas is not being sold, give reasons and also the gas goes to the Loce Hills Pressure Maintain	explain its present disposition:
Reasons for Filing:\Please check proper box)	New Well (x)
Change in Transporter of (Check One): Oil ()	
Change in Ownership () Remarks:	Other () () (Give explanation below)
The undersigned certifies that the Rules and R mission have been complied with.	egulations of the Oil Conservation Com-
Executed this the 21 day of April 1	9_58_
•	By O Rogen
Approved APR 2 4 1958 19	Title Gen*1. Sup*t.
OIL CONSERVATION COMMISSION	Company Franklin Aston & Fair
By ML armstrong	Address Box 218 Loco Hills N.M.
Title Got AND GAS 1989ECTOP	