

REQUEST FOR (OIL) - (GAS) ALLOWABLE

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.

Loco Hills N.M. November 26 1958
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Franklin Aston & Fair Masteller B Well No. 1 in N-E 1/4 N-E 1/4,
(Company or Operator) (Lease)
A 17 18 S 30 E NMPM, Loco Hills Ext. Pool
Unit Letter

Eddy

County Eddy Date Spudded 10-13-1958 Date Drilling Completed 11-20-1958
Elevation 3498' Total Depth 2893' PSTD

Please indicate location:

D	C	B	X A
E	F	G	H
L	K	J	I
M	N	O	P

Top Oil/Gas Pay 2883' Name of Prod. Form. Loco Hills

PRODUCING INTERVAL -

Perforations
Open Hole 2882' to 2893' Depth 2882' Depth 2869'
Casing Shoe 2882' Tubing

OIL WELL TEST -

Natural Prod. Test: 3 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke balling
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): 50 bbls. oil, 0 bbls water in 24 hrs, 0 min. Choke 2" tubing

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and

sand): 10,000 gal's. jelled oil 15,000# sand
Casing 340# tubing Date first new
Press. open Press. open oil run to tanks November 26 1958

Oil Transporter The Texas New Mexico P.L. Co.

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: NOV 28 1958, 19____ Franklin Aston & Fair
(Company or Operator)

OIL CONSERVATION COMMISSION

By: M. L. Armstrong By: O. C. Rogers
(Signature)

Title _____ Title Gen'l. Sup't.

Title _____ Send Communications regarding well to:

Name O.C. Rogers

Address Box 218 Loco Hills N.M.