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LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	2
PERMITTING OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

~~CARRIED OVER FROM PREVIOUS REPORT~~

JAN 21 1970

I. OPERATOR	FRANKLIN, ASTON & FAIR, INC.		B. E. C. ARTESIA, OFFICE		
Address	P. O. Box 1090, Roswell, New Mexico 88201				
Reason(s) for filing (Check proper box)	Other (Please explain)				
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	NH	Well No.	1	Pool Name, Locality, Formation	Indefinite (San Andres)	Kind of Lease	State, Federal or Fee	Federal L.C. 102(a)
Location								
Unit Letter	B	330	Feet From The	north	Line and	1750	Feet From The	east
Line of Section	1	Township	18S	Range	29E	NMPM,	Eddy	Court,

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
The Permian Corporation				P. O. Box 725, Hobbs, New Mexico 88240		
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	1	18S	29E	No	

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.	Diff. Res'ty.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Nov. 6, 1969	Jan. 16, 1970	3700'	3332'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3548' GR	San Andres	3248'	3205'					
Perforations	3248', 3254', 3256', 3270', 3276', 3278', 3289', 3292', 3296', 3304', 3306', 3313'		Depth Casing					
				3700'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAC & CEMENT					
12 1/4"	9 5/8"	487'	175 sx circ. to surface					
7 7/8"	5 1/2"	3700'	800 sx - top of cement at 1840'					

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)

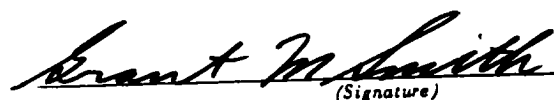
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Jan. 16, 1970	Jan. 18, 1970	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours		20 psi	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	94	198 bbl. frac water	47 (GOR 500:1)

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.



Geologist

(Title)

1-20-70

(Date)

OIL CONSERVATION COMMISSION

JAN 21 1970

APPROVED

BY

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 recompleted well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 1104.

All sections of this form must be filled out completely on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes in well name or number, or transporter, or other such change or condition.

Separate Forms C-104 must be filed for each pool in multiply tested wells.