

District I  
 PO Box 1980, Hobbs, NM 88241-1980  
 District II  
 PO Drawer DD, Artesia, NM 88211-0719  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
 Energy, Minerals & Natural Resources Department

Form C-104  
 Revised February 10, 1994  
 Instructions on back  
 Submit to Appropriate District Office  
 5 Copies

**OIL CONSERVATION DIVISION**  
 PO Box 2088  
 Santa Fe, NM 87504-2088

AMENDED REPORT

I. **REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

Operator name and Address Yates Petroleum Corporation 105 South Fourth Street Artesia, NM 88210		OGRID Number <b>25575</b>
		Reason for Filing Code CH effective 5/1/95
API Number 30-0 41 10095	Pool Name Todd Upper San Andres	Pool Code 86240
Property Code <b>17125</b>	Property Name Nix Yates Federal	Well Number 1

II. **Surface Location**

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
0	28	7S	35E		660	south	1980	east	Roosevelt

**Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

Lea Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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III. **Oil and Gas Transporters**

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
<b>23470</b> <del>4228</del>	<b>Trident NGL Inc</b> Cities Service	<b>94003D</b>	G	UL 0, Sec 28, T7S, R35E

IV. **Produced Water**

POD	POD ULSTR Location and Description
-----	------------------------------------

V. **Well Completion Data**

Spud Date	Ready Date	TD	PBTD	Perforations

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement

VI. **Well Test Data**

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cap. Pressure

Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Rusty Klein*  
 Printed name: **Rusty Klein**  
 Title: **Production Clerk**  
 Date: **May 19, 1995** Phone: **505-748-1471**

**OIL CONSERVATION DIVISION**  
 Approved by: **ORIGINAL SIGNED BY JERRY SEXTON**  
 Title: **DISTRICT I SUPERVISOR**  
 Approval Date: **MAY 25 1995**

If this is a change of operator fill in the OGRID number and name of the previous operator  
**7377 Enron Oil & Gas Company**  
 Previous Operator Signature: *Betty Gildon* Printed Name: **Betty Gildon, Regulatory Analyst** Title: **Regulatory Analyst** Date: **4/25/95**

AT 10:30 AM

RECEIVED

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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.  
Effective 1-1-65

**I. OPERATOR**  
Operator: Enron Oil & Gas Company  
Address: P. O. Box 2267, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate  Change operator name

If change of ownership give name and address of previous owner: BelNorth Petroleum Corporation, Box 2267, Midland, Texas 79702

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Nix Yates Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Todd Upper San Andres</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC065510</u>
Location Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>east</u> Line of Section <u>28</u> Township <u>7S</u> Range <u>35E</u> , NMPM, <u>Roosevelt</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Cities Service</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 27570, Houston, Texas 77227</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? <u>Yes</u>	When <u>12/1/66</u>

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> 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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 (pilot, 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.

Betty Gildon  
(Signature)  
Betty Gildon, Regulatory Analyst  
(Title)  
3/9/87  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED MAR 26 1987 19 \_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

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

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-1.  
Effective 1-1-65

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**I. Operator**  
Operator: **BELNORTH PETROLEUM CORPORATION**  
Address: **10000 Old Katy Road; Houston, Texas 77055**

Reason(s) for filing (Check proper box):  
 New Well       Change in Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change in Ownership       Casinghead Gas       Condensate

Other (Please explain): \_\_\_\_\_

If change of ownership give name and address of previous owner: **HOLLY ENERGY, INC.; 717 N. Harwood, #2600; Dallas, Tx. 75201**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>NIX YATES FEDERAL</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Todd Upper San Andres</b>	Kind of Lease State, Federal or Free <b>Federal</b>	Lease No. <b>LC065510</b>
Location Unit Letter <b>0</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>28</b> Township <b>7S</b> Range <b>35E</b> , N.M.P.M., <b>Roosevelt</b> 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"/> <b>Navajo Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Drawer 159, Artesia, N.M. 88210</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cities Service</b>	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>Yes</b>

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			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 (pilot, 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.

Carl M. Jones  
(Signature)  
Prod. Supt  
(Title)  
7-27-84  
(Date)

OIL CONSERVATION COMMISSION  
**JUL 31 1984**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all applicable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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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-11  
 Effective 1-1-65

I. Operator  
**HOLLY ENERGY, INC.**  
 Address  
**2001 BRYAN TOWER, SUITE 2680, DALLAS, TEXAS 75201**  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  **Eff.** Oil  Dry Gas   
 Change in Ownership  **12-15-76** Casinghead Gas  Condensate   
 Other (Please explain)  
 If change of ownership give name and address of previous owner **Franklin, Aston & Fair, Ltd., P.O. Box 1090, Roswell, N. M. 88201**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>Nix Yates Federal</b>	<b>1</b>	<b>Todd Upper San Andres Gas Pool</b>	State, Federal or Fee <b>Federal</b>	<b>LC 065510</b>
Location				
Unit Letter <b>0</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>1980</b>	Feet From The <b>East</b>
Line of Section <b>28</b>	Township <b>7S</b>	Range <b>35E</b>	, N.M.P.M., <b>Roosevelt</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>None</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Cities Service Oil Company</b>	<b>Bluitt Gasoline Plant, Milnesand, N. M. 88125</b>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	<b>0</b>	<b>28</b>	<b>7S</b>	<b>35E</b>
Is gas actually connected?	When			
<b>Yes</b>	<b>12-1-66</b>			

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.

**J. H. Lyon** (Signature)  
**Operations Mgr.** (Title)  
**12-15-76** (Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 30 1976**, 19  
 BY **[Signature]**  
 TITLE **[Signature]**

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 deviated tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all wells 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 multiple completed wells.

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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

**I. OPERATOR**  
Operator: FRANKLIN, ASTON & FAIR, LTD.  
Address: P. O. BOX 1090, ROSWELL, NEW MEXICO 88201

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  effective  Oil  Dry Gas   
 Change in Ownership  11-1-75  Casinghead Gas  Condensate

Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner: Franklin, Aston & Fair, Inc. P. O. Box 1090, Roswell, N. M. 88201

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Nix Yates Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Todd Upper San Andres Gas Pool</u>	Kind of Lease State, Federal or Fee <u>Federal LC</u>	Lease No. <u>065510</u>
Location Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>7S</u> Range <u>35E</u> , N.M.P.M., <u>Roosevelt</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Cities Service Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bluitt Gasoline Plant, Milnesand, N. M. 88125</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?	When			
<u>Yes</u>	<u>12-1-66</u>			

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 Re-ty.	Diff. Re-ty.
<u>(X)</u>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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.

Ann P. Stephens  
(Signature)  
General Partner  
(Title)  
11-7-75  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 10, 19 1975  
BY Jerry Spletter  
TITLE \_\_\_\_\_

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.  
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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.  
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
HOBBS OFFICE O. C. C.  
Replaces Old C-104 and C-110  
Effective 1-1-66  
Dec 16 3 02 PM '66

**I. OPERATOR**

Operator  
**FRANKLIN, ASTON & FAIR, INC.**

Address  
**P. O. Box 1090, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)

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

**Change In Pool Designation**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Nix Yates Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Todd-Upper San Andres Gas Pool</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>LC 065510</b>
Location				
Unit Letter <b>0</b>	<b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b>			
Line of Section <b>28</b>	Township <b>7 South</b>	Range <b>35 East</b>	, NMPM, <b>Roosevelt</b> County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Cities Service Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<b>Yes</b>   <b>12-1-66</b>

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		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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.

*Tom P. Stephens*  
(Signature)  
**Executive Vice President**  
(Title)  
**December 14, 1966**  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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	GAS
OPERATOR	
PRORATION OFFICE	

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  
 E. C. C.  
 JAN 24 12 02 PM '66

**I. OPERATOR**

Operator  
**FRANKLIN, ASTON & FAIR, INC.**

Address  
**P. O. Box 1090, Roswell, New Mexico 88201**

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" 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 <b>Nix-Yates Ltd</b>	Lease No. <b>LC 065510</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Todd San Andres</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location				
Unit Letter <b>0</b>	<b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b>			
Line of Section <b>28</b>	Township <b>7 South</b>	Range <b>35 East</b>	, NMPM, <b>Roosevelt</b> County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>None</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>Capitan Petroleum, Inc.</b>	<b>P. O. Box 19598, Dallas, Texas 75219</b>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?	When			
<b>Yes</b>	<b>4-17-64</b>			

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		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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	Casing Pressure	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 P. Stephens*  
 \_\_\_\_\_  
 Office Manager (Title)  
 January 21, 1966 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

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 completed wells.