PO Drawer DD, Artai	NM \$\$241-1980 ia, NM \$\$211-0		Eaergy, Mia	ate of New M crain & Natural Res	surces Department		Revise	Form d February 10, Instructions or
District [[] 1000 Rio Brazos Rd., / District IV	Aztec, NM 8 741	0		SERVATION PO Box 208 Fe, NM 875	N DIVISION 38 104-2088	Su		priate District (5 C
PO Box 2083, Santa Fe I.			ATIOWA	RIEANDA		<i>TALL TO CONTROL TO CONT</i>		MENDED REI
		Operator	same and Addr		UTHORIZA		' OGRID Ne	
Yates Petro 105 South Fo			n				255	the second se
Artesia, NM		CCL					* Reason for Fill	
' API Nem		1		¹ Pool N		CH effec	ctive 5/1/	
30-0 41 1009		Todo	<u>l Upper</u> Sa				86'	' Pool Code 240
Property (Code L	Nix	Yates Fed	Property	Name			Well Number
II. ¹⁰ Surfac	ce Locatio						1	<u> </u>
Ut or lot no. Section 0 28			Loi.Ida	Feet from the	North/South Lin	Feet from the	East/West Epe	Coeaty
				660	south	1980	east	Rooseve
UL or lot no. Section	n Hole Lo		Lot Ida		·			
				Foot from the	North/South line	e Feet from the	Fast/West Hoc	County
	ucing Method (Connection Dat	Le ¹⁶ C-129 Per	mit Number	" C-129 Effective	Date "C	-129 Expiration De
II. Oil and Ga.								
OGRID -		" Transporter and Addr	Case	" PC	0/G		²¹ POD ULSTR L and Descripti	
			1					
. Produced W	ater							
. Produced W "POD	'ater			" POD UL	STR Location and D			
" POD				" POD UL	STR Location and D	New cription		
" POD		²⁴ Ready De		" POD UL. " TD	STR Location and D	Peacription Participation PBTD	17	Perforations
" POD Well Comple	tion Data		asing & Tubing S	דר יי	STR Location and D		17 Ja Sacks	
" POD Well Comple " Spud Date	tion Data			דר יי				
" POD Well Comple " Spud Date " Hole Size	tion Data			דר יי				
¹⁵ POD Well Comple ¹⁵ Spud Date ¹⁶ Hole Size Well Test Da ¹⁶ Date New Oil	tion Data	^H C		"TD			³² Secks	
¹⁵ POD Well Comple ¹⁶ Spud Date ¹⁶ Hole Size Well Test Da ¹⁶ Date New Oil ¹⁶ Choke Size	tion Data	۲ C very Date	asing & Tubing S * Test D * Wate	n TD	" Depub Set	" PBTD	²⁰ Secks	Cement
POD Well Comple ¹⁰ Spud Date ¹⁰ Spud Date ¹⁰ Hole Size Well Test Da ¹⁰ Date New Oil ¹⁰ Choke Size creby certufy that the rul and that the information ledge and bellef. ture: ¹⁰ POD	tion Data	very Date	asing & Tubing S * Test D * Wate	⁷⁷ TD Size	²¹ Depth Set Test Length ^a Gas OIL CON	" PBTD " Tbg. Press " AOF SERVATIO	» Secks	Cement Cag. Pressure Test Method
¹³ POD Well Comple ¹³ Spud Date ¹⁴ Hole Size Well Test Da ¹⁴ Date New Oil ¹⁴ Choke Size creby certify that the rul and that the information ledge and belef.	tion Data tion Data	very Date	asing & Tubing S * Test D * Wate	⁷⁷ TD Size	" Depth Set Text Length " Gas OIL CON ÖRIGINAL SIGN	" PBTD " Tbg. Press " AOF SERVATIO	» Sacks	Cement Cag. Pressure Test Method
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¹³ POD Well Comple ¹³ Spud Date ¹⁴ Hole Size ¹⁴ Hole Size ¹⁵ Date New Oil ¹⁶ Choke Size ¹⁶ Choke Size ¹⁶ Choke Size ¹⁶ Choke Size ¹⁶ Choke Size ¹⁶ Choke Size ¹⁶ Choke Size ¹⁷ Choke Size ¹⁶ Choke Size ¹⁷ Choke Size ¹⁶ Choke Size ¹⁷ Choke Size 	tion Data tion Data	very Date vil nservation Div ue and comple rk Phone: 505	* Test D * Test D * Wate ision bave been co te to the best of m 0-748-1471	ⁿ TD Size Pale n r r mplied Approved b Title: Approval D	" Depth Set "Depth Set Test Length "Gas OIL CON ÖRIGHVAL SIGN ELLING	" PBTD " Tbg. Press " AOF SERVATIO	» Sacks	Cement Cag. Pressure Test Method
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PEREN.

OFSICE

Mar 2 i Ref

I.	wd. of copies biccives DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator Enron Oil & Gas Compa Address P. O. Box 2267, Midla Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership X	AUTHORIZATION TO TRA AUTHORIZATION TO TRA any and, Texas 79702 Change in Transporter of: OII Transporter of: OII Dry Go		
IT	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND		poration, Box 2267, Midlan	nd, Texas 79702
	Legge Name Nix Yates Federal Location Unit Letter 0; 660	Well No. Pool Name, Including F 1 Todd Upper Same Feet From TheSouth Lir	n Andres State, Federal of State, Federal of State, Federal of State, Feet From The	
711 .		TER OF OIL AND NATURAL GA		copy of this form is to be sent)
	None Name of Authorized Transporter of Cas Cities Service		Address (Give address to which approved Box 27570, Houston, Texa	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	Is gas actually connected? When Yes 12	2/1/66
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
•	Designate Type of Completio	on - (X)	New Well Workover Deepen F	Plug Back Same Restv. Diff. Restv.
	Date Spudaed	Date Compl. Ready to Prod.	Total Depth f	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top O!1/Gas Pay 1	Fubing Depth
	Perforations		1	Depth Casing Shoe
			CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
_				
	TEST DATA AND REQUEST FO	able for this de	fter recovery of total volume of load oil and pth or be for full 24 hours)	
	Date First New Cil Run To Tanks	Date of Test	Producing Meinod (Flow, pump, gas lift,	eic.)
ĺ	Length of Test	Tubing Pressure	Casing Pressure (Choke Size
ŀ	Actual Prod. During Test	Oll-Bbla.	Water-Bbls.	Gas + MCF
l	······································	<u></u>	· ·	ل ۱
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) (Choke Size
 VI.	CERTIFICATE OF COMPLIANO	<u> </u> CE	OIL CONSERVAT	
1	I hereby certify that the rules end r Commission have been complied w above is true and complete to the	ith and that the information given	APPROVED MAR 2 (1001
	\int		TITLE DISTRICT I	SUPERVISOR
-	Retty Sildon, Regula 3/9/87	iwe) tory Analyst le)	well, this form must be accompanie tests taken on the well in accords All sections of this form must able on new and recompleted wells	le for a newly drilled or despened of by a tabulation of the deviation nee with RULE 111. be filled out completely for allow- b. II. and VI for changes of owner.

		<u> </u>	~	
	NO. OF COPIES RECEIVED			
ł	DISTRIBUTION	NEW MEXICO OIL COM	SERVATION COMMISSION	Form C-104
-		REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C+1. Effective 1-1-65
	FILE		AND	Elicentie 1-1-00
	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	S
	LAND OFFICE			
	IRANSPORTER OIL			
ł	GAS			
.	PRORATION OFFICE			
.	Operator		·····	
	BELNORTH PETRO	LEUM COPPORATION		
	Address			
		Road; Houston, Texas		
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well Arrow Well	Change in Transporter of: Oil Dry Gas		
	Change in Ownership X	Casinghead Gas Condense	ate	
1				
	If change of ownership give name H and address of pre-lous owner	OLLY ENERGY, INC.; 7]	17 N.Harwood, #2600;	Dallas, Tx. 75201
	and address of pre tous owner			
11.	DESCRIPTION OF WELL AND I	LEASE		
		Well No. Pool Name, Including For		r Fee Federal LC065510
	NIX YATES FEDERAL	1 Todd Upper San	h Andres	Fee Federal LC065510
	Location 0 660	South	1980	Fast
	Unit Letter;;	Feet From The <u>South</u> Line	and Feet From Th	e
	Line of Section 28 Tow	unship 7S Range 35	5E , NMFM, RO	posevelt County
ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	;	
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	
	Navajo Refining Comp		P.O. Drawer 159, Artes	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approve	a copy of this form is to be sent?
	Cities Service	Unit Sec. Twp. Pge.	Is gas actually connected? When	_
	If well produces oil or liquids, give location of tanks.		Yes	
IV	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g	ive comminging order number:	
1.			New Weil Workover Deepen	Plug Back Same Res'v. Diff. Res'v
	Designate Type of Completio		i i 1	· · · · · · · · · · · · · · · · · · ·
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			Top Oll/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ottyoda Hay	
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				-d - was he canal to a succeed top allo
V		OR ALLOWABLE (Test must be af able for this dep	ter recovery of total volume of load oil a pth or be for full 24 hours)	na must be equal to or exceed top attor
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)
	Length of Teet	Tubing Pressure	Casing Pressure	Chore Size
				Gas-MCF
	Actual Prod. During Test	Oll-Bbls.	Water-Bbls. -	
			1	<u> </u>
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
				<u> </u>
V	. CERTIFICATE OF COMPLIAN	ICE		TION COMMISSION
• •			APPROVED JUL 31	1984
	I hereby certify that the rules and	regulations of the Oil Conservation		
	a total base compliant	with and that the information given he best of my knowledge and belief.		D BY JEARY SEXTON
	monte te true aun comptete to tu		DISTRICT	SUPERVISOR
		_	TITLE	
	Cull Z	/	This form is to be filed in a	compliance with RULE 1104.
				vable for a newly drilled or deepen nied by a tabulation of the deviati
	D. J. E. Usie	navure)	tests taken on the well in accor	dence with HULE 111.
	- pol. Just		All sections of this form mu	st be filled out completely for allo alla.
	7-17-8/11	Fitle)	able on new and recompleted we Fill out only Sections I. I	1 III and VI for changes of own:
	1-104-11	Date)	well name or number, or transport	ter, or other such change or condition
	1	•	Separate Forms C-104 mus	t be filed for each pool in multip

1	NO. OF COPIES ALCEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS . OPERATOR PRORATION OFFICE	REQUEST	CONSERVATION COME TON FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AS
•••				· · · · · · · · · · · · · · · · · · ·
	HOLLY ENERGY			
	2001 BRYAN T Reason(s) for filing (Check proper bo	OWER, SUITE 2680, DALLAS		
	New Well	Change in Transporter of:	Other (Please explain)	
	Recompletion Eff. Change in Ownership X12-15-76	Oil Dry G Casinghead Gas Conde	nsate	
•	If change of ownership give name			
	and address of previous owner	Franklin, Aston & Fair,	Ltd., P.O. Box 1090, Rost	vell, N. M. 88201
И.	DESCRIPTION OF WELL AND	Vell No. Pool Name, Including F		
	Nix Yates Federal			^{r Fee} Federal LC 065510
	_	60 Feet From The South Li	1000	
			ne andFeet From The	East
	Line of Section 28 To	wnship 7S Range	35E , NMFM, Rooseve	1t County
ш.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL G	15	
	None		Address (Give address to which approved	copy of this form is to be sentj
	Name of Authorized Transporter of Ca Cities Service Oil C		Address (Give address to which approved	
	If well produces oil or liquide,	Unit Sec. Twp. P.ge.	Bluitt Gasoline Plant, Mi Is gas actually connected? When	lnesand, N. M. 88125
l	give location of tarks.	0 28 75 35E	Yes	12-1-66
IV.	COMPLETION DATA	th that from any other lease or pool,		
	Designate Type of Completi	on - (X)	New Well Workover Deepen F	lug Back Same Res'v. Dill. Res'v
-	Date Spudded	Date Compl. Ready to Prod.	Total Depth	^D .B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Fubing Depth
	Perforations			
	·			Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD	
				SACKS CEMENT
Į				
	TEST DATA AND REQUEST F	able for this d	ifter recovery of total volume of load oil and epth or be for full 24 hours)	
	Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	eic.)
	Length of Test	Tubing Pressure	Casing Pressure (Choke Size
	Actual Prod. During Test	Oll-Bbla.	Water-Bble.	Gae - 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 COMPLIAN			
• • •	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVAT	ION COMMISSION
	Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED	175, 19
	above is true and complete to th	e best of my knowledge and belief.	BY	
	1 7/		TITLE	
	///	1	This form is to be filed in cor If this is a request for allowab	le for a newly drilled or deepen
•	U. M. LYUN	ature)	well, this form must be accompanie tests taken on the well in accorde	d by a tabulation of the deviati
	Operations Mgr. (T	itle)	All sections of this form must sble on new and recompleted wells	be filled out completely for allo
	12-1 5-76 (D	ate)		III, and VI for changes of owne
				e filed for each pool in multip

1.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator FRANKLIN, ASTON & F	AUTHORIZATION TO TR	CONSERVATION COMMISLEN T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Elfective 1-1-65
	Address	SWELL, NEW MEXICO 88201	Other (Please explain) Cas	
	If change of ownership give name and address of previous owner	Franklin, Aston & Fair	, Inc. P. O. Box 1090, Rosv	uell, N. M. 88201
11.	DESCRIPTION OF WELL AND Lease Name Nix Yates Federal Location Unit Letter 0 , 660	Well No. Pool Name, Including 1 Todd Upper San	Andres Gas Pool State, Federal or	Fee Federal LC 065510 East
	Line of Section 28 To	ownship 7S Range	35E <u>, NMPM</u> , Roosev	elt County
III.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Of None Name of Authorized Transporter of Co Cities Service Oil Co If well produces oil or liquids,	isinghead Gas or Dry Gas _X	Address (Give address to which approved of Address (Give address to which approved of Bluitt Gasoline Plant, Mi	copy of this form is to be sent)
	give location of tanks.		Yes 12-	1-66
IV.		th that from any other lease or pool,		
	Designate Type of Completi Date Spudded	on - (X) Date Compl. Ready to Prod.		ag Back Same Resty. Diff. Resty.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	T 0// 0	B.T.D. bing Depth
	Perforations		De	pth Casing Shoe
		TUBING, CASING, AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				· · · · · · · · · · · · · · · · · · ·
ν.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a		
	OIL, WELL Dute First New Oil Run To Tonks	able for this de Date of Test	fter recovery of total volume of load oil and m pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc	
	Length of Test	Tubing Pressure	Casing Pressure Cho	vie Size
	Actual Frod. During Test	Oll-Bbla.	Water-Bbis. Gas	- MCF
, [GAS WELL Actual Prod. Test-MCF/D	Length of Test		
	Testing Mathod (pitot, back pr.)	Tubing Pressure (Shut-in)		vity of Condenaate
ן עד	CERTIFICATE OF COMPLIANC			ko 5120
1	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	egulations of the Oil Conservation	OIL CONSERVATIO	N QQMMISSION , 19
-	Jun P. Ste General Par (1) (1) 11-7-75	rtner	This form is to be filed in compl If this is a request for allowable well, this form must be accompanied t tests taken on the well in accordance All sections of this form must be able on new and recompleted wells.	for a newly drilled or despended by a tabulation of the deviation with RULE 111.
-	(ba	(c)	Fill out only Sections I, II, III, well name or number, or transporter, or	

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 is multiply

	·	~	
NO. OF COPIES RECEIVED			
DISTRIBUTION		CONSERVATION COMMISSION	D
SANTA FE		FOR ALLOWABLE	Form C-104 H(1)B Schemerless Old C-104 and C-1
FILE			111) B B granders, Old C-104 and C-1. Effective 4 F69. C.C.
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OUM AND NATURA	L GABEC 15 3 OZ PN '66
LAND OFFICE			
TRANSPORTER OIL			
GAS		en en el constant del program. La constant de la cons	
PRORATION OFFICE			
FRANKLIN, ASTON & F/	AIR, INC.		
Address			
	well, New Mexico 88201		
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde	Change in Reel	Designation
	Casinghead Gas Conde		
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL ANI	DLEASE		
Lease Name Nix Yates Federal	Well No. Pool Name, Including F	Cormation Kind of L Andres Gas Pool State, Fe	Ecape
Location			deral or Fee Federal LC 06551
Unit Letter 0 ;	660 Feet From The South Lir	ne and 1980 Feet Fr	om The East
Line of Section 28 T	ownship 7 South Range	35 East , NMPM, ROO	sevelt County
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA		oproved copy of this form is to be sent)
None		Address (Groe dadress to writer of	proved copy of this form is to be sent?
Name of Authorized Transporter of C	asinghead Gas 📄 or Dry Gas 🛣	Address (Give address to which ap	proved copy of this form is to be sent)
Cities Service 011 (Bartlesville, Oklah	0 m 8
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	When
give location of tanks.		Yes	12-1-66
If this production is commingled v	vith that from any other lease or pool,	give commingling order number:	
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	
Designate Type of Complet	ion – (X)	l l l l l l l l l l l l l l l l l l l	Plug Back Same Restv. Diff. Restv.
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
		D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		···· ·	· · · · · · · · · · · · · · · · · · ·
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a		oil and must be equal to or exceed top allow
OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s 11jī, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Length of Tast		Cantural Linguina	
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
CERTIFICATE OF COMPLIA			
CENTIFICATE OF COMPLIA			
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied	with and that the information given he best of my knowledge and belief.		
above is true and complete to t	me best of my knowledge and belief.	BX	
	, .	TITLE	······
Jom De	8t-1	This form is to be filed	in compliance with RULE 1104.
Jon Id	Mephins	If this is a request for a	llowable for a newly drilled or deepened
(Sij	nathre)	well, this form must be according to the second tests taken on the well in a	mpanied by a tabulation of the deviation

Executive Vice President

(Date)

(Title) December 14, 1966

l	If this is a request for allowable for a newly drilled or deepened
1	well this form must be accompanied by a tabulation of the deviation
I	tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-able 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

NO. OF COPIES RECEIVED		\sim	
DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	1/12 Form C-104
FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C.
U.S.G.S.		AND ANSPORT OIL AND NATUR	Supersedes Old C-104 and C- Effective-1-1-65 AL GAS // /2 C. C.
LAND OFFICE		ANSPORT UIL AND NATUR	AL GAS 7 /2 S.C.
TRANSPORTER OIL			AL GAS / 12 02 Pil 66
GAS GAS			00
PRORATION OFFICE			
Operator			
FRANKLIN, ASTON	& FAIR, INC.		
Address		•	
Reason(s) for filing (Check proper b	Roswell, New Mexico 8820	Other (Please explain)	
New Well	Change in Transporter of:	Other (Flease explain))
Recompletion	Oil Dry G	as 🔀	
Change in Ownership	Casinghead Gas Conde	nsate	
If change of ownership give name			
and address of previous owner	77201		
DESCRIPTION OF WELL ANI	D LEASE		
Lease Name	Lease No. Well No. Fool No	ame, Including Formation	Kind of Lease
Nix-Yates 7.	LC 065510 1 Tod	d San Andres	State, Federal or Fee Federal
	660 Feet From The South	1090	-
Unit Letterii	660 Feet From The South Lin	ne andFeet F	From The East
Line of Section 28 T	Township 7 South Range 3	5 East , NMPM, Roo	sevelt County
			County
DESIGNATION OF TRANSPOL Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA		
None	011 or Condensate	Address (Give address to which a	approved copy of this form is to be sent)
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas 🔭	Address (Give address to which a	approved copy of this form is to be sent)
Capitan Petroleums,	inc.	P. 0. Box 19598, D	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.		Yes	4-17-64
If this production is commingled w COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
· · · · · · · · · · · · · · · · · · ·	Oil Well Gas Well	New Well Workover Deepe	n Plug Back Same Res'v. Diff. Res'
Designate Type of Complet	ion = (X)		l l l l l l l l l l l l l l l l l l l
	4		· · · · ·
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			P.B.T.D.
Date Spudded Elevations (DF, RKB, RT, GR, etc.)		Total Depth Top Cil/Gas Pay	P.B.T.D. Tubing Depth
			Tubing Depth
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