

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

Form C-164
Supersedes Old C-164 and C-1
Effective 1-1-65

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

I. 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
Lessor Name Texaco Federal Well No. 1 Pool Name, including Formation Todd Upper San Andres Gas Pool Kind of Lease State, Federal or Fee Federal NM Lease No. 01334-B
Location
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West
Line of Section 27 Township 7S Range 35E, NMPL, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
None Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Cities Service Oil Co. Address (Give address to which approved copy of this form is to be sent)
Bluitt Gasoline Plant, Milnesand, N. M. 88125
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
Yes 12-1-66

IV. COMPLETION DATA
If this production is commingled with that from any other lease or pool, give commingling order number:
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.
General Partner
11-7-75
OIL CONSERVATION COMMISSION
APPROVED
BY Jerry Septon
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.