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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
HARRIS OFFICE O. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
DEC 16 3 03 PM '66

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

I. OPERATOR  
**FRANKLIN, ASTON & FAIR, INC.**  
ADDRESS  
**P. O. Box 1090, Roswell, New Mexico 88201**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transportation ☐  
Leasing action ☐ Oil ☐ Dry Gas ☐  
Change in ownership ☐ Casinghead Gas ☐ Change in Pool Designation ☒

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

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Mark Federal LC 062529-A** Well No. **7** Todd-Lower San Andres Pool Kind of Lease **Federal**  
Location  
Unit Letter **H** ; **1280** Feet From The **North** Line to **660** Feet From The **East**  
Line of Section **25** , Township **7 N South** Range **35 East** , **MONM.** **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate \_\_\_\_\_ Address (Give address to which approved copy of this form is to be sent)  
**Mobil Oil Corporation** **P. O. Box 900, Dallas, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas \_\_\_\_\_ Address (Give address to which approved copy of this form is to be sent)  
**Vented**  
If well produces oil or liquids, give location of tanks. Unit **0** Sec. **25** Twp. **7 S** Rge. **35 E** Is gas actually collected? **No** When \_\_\_\_\_

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 ☐ Flow Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Resrv. ☐ Diff. Resrv.  
Date Spudded \_\_\_\_\_ Date Compl. Ready to Prod. \_\_\_\_\_ Total Depth \_\_\_\_\_ Perforations \_\_\_\_\_  
Name of Producing Formation \_\_\_\_\_ Depth of Gas Lift \_\_\_\_\_ Depth of 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 \_\_\_\_\_ 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*  
(Signature)

Executive Vice President  
(Title)

December 14, 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 Sections I, II, III, and VI only 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.