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TRANSPORTER	OIL
	GAS
OPERATOR	
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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

Operator <b>FRANKLIN, ASTON &amp; FAIR, INC.</b>	
Address <b>P. O. Box 1090, Roswell, New Mexico 88201</b>	
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 <b>Mark Federal</b>	Well No. For. Name, Including Formation <b>7 Todd San Andres</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>LC 062529A</b>
Location			
Section <b>H</b>	1980	Feet From The <b>North</b> Line and <b>660</b>	Feet From The <b>East</b>
Line of Section <b>25</b>	Township <b>7 South</b>	Range <b>35 East</b>	County <b>Roosevelt</b>

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)
<b>Magnolia Pipe Line</b>	<b>P. O. Box 900, Dallas, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Vented</b>	
If well produces oil or liquids, give location of tanks	Unit <b>0</b> Sec. <b>25</b> Twp. <b>7S</b> Rge. <b>35E</b> Is gas actually connected? <b>No</b> 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <b>June 16, 1966</b>	Date Compl. Ready to Prod. <b>June 24, 1966</b>	Total Depth <b>4310'</b>	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) <b>4175.8' GR</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>4242'</b>	Tubing Depth <b>4175'</b>
Perforations <b>4242', 4248', 4254', 4261', 4270', 4276', and 4284'</b>			Depth Casing Shoe <b>4305'</b>
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12"</b>	<b>8 5/8"</b>	<b>274'</b>	<b>150 sacks circ. to surf.</b>
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>4305'</b>	<b>250 sacks</b>

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 <b>June 24, 1966</b>	Date of Test <b>June 29, 1966</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>30#</b>	Casing Pressure	Choke Size
Actual Prod. During Test <b>110 BO</b>	Oil-Bbls. <b>110</b>	Water-Bbls. <b>None</b>	Gas-MCF <b>95</b>

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.

Grant M. Smith  
(Signature)

**Geologist**  
(Title)

**June 30, 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

[illegible]

1. 1990年12月29日，全国人大常委会通过了《中华人民共和国香港特别行政区基本法》。

As a result, the model is able to capture the nonlinear relationship between the variables. The model is able to capture the nonlinear relationship between the variables. The model is able to capture the nonlinear relationship between the variables.

1. *Pharmaceutical industry* – The pharmaceutical industry is the largest of the three industries, with sales of \$10.5 billion in 1997. It is the only industry that has a significant presence in all three markets.