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TRANSPORTER	OIL	
	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

I.

Operator FRANKLIN, ASTON & FAIR, INC.	
Address P. O. Box 1090, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Livaudais Academy Federal	Well No. 4	Pool Name, Including Formation Todd Lower San Andres	Kind of Lease State, Federal or Fee Federal NM 0139989	Lease No.
Location				
Unit Letter F ; 1873.3 Feet From The West Line and 1980 Feet From The North				
Line of Section 30 Township 7S Range 36E , NMPM, Roosevelt 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"/> Mobil Oil Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company	Address (Give address to which approved copy of this form is to be sent) Blount Gasolene Plant, c/o Mr. H. R. Smith, Milnesand, New Mexico			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 30	Twp. 7S	Rge. 36E
Is gas actually connected?		When		
Yes		6-2-67		

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-12-67	Date Compl. Ready to Prod. 6-2-67		Total Depth 4290'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4151.2' GR, 4152.2' KB	Name of Producing Formation San Andres (Slaughter)		Top Oil/Gas Pay 4230'		Tubing Depth 4132'			
Perforations 4230', 4236', 4239', 4240', 4244', 4248', 4252', 4257', 4258', and 4264'					Depth Casing Shoe 4290'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12"	8 5/8"		294' KB		150 sx circ. to surface			
7 7/8"	5 1/2"		4290' KB		250 sx w/2% gel and 8% salt per sack			

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 6-2-67	Date of Test 6-3-67	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 300#	Casing Pressure	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 175	Water - Bbls. 2	Gas - MCF 204 (GOR 1166:1)

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 COMPLIANCE

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

Sam P. Stephens
(Signature)
Executive Vice President
(Title)

June 5, 1967
(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 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
completed wells.