

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND ~~NEW MEXICO OIL CONSERVATION COMMISSION~~  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
SEP 15 1 05 PM '67

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 ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**PURSUANT TO THE POOL RULES THIS AUTHORITY TO PRODUCE AND SELL OIL FROM THIS WELL WILL AUTOMATICALLY EXPIRE UNLESS A CASINGHEAD GAS CONNECTION OR AN AUTHORIZED EXCEPTION TO THE NO FLARE RULE HAS BEEN OBTAINED BY**  
If change of ownership give name and address of previous owner **2-7-1 137 411 11-1-17**

II. DESCRIPTION OF WELL AND LEASE  
**UNDESIGNATED - 80 01111**  
Lease Name **Skelly-Smith State** Well No. **2** Pool Name, Including Formation **Todd Lower San Andres** Kind of Lease **State** Lease No. **E-8948**  
Location  
Unit Letter **A** ; **460** Feet From The **North** Line and **660** Feet From The **East**  
Line of Section **31** Township **7 South** Range **36 East** , NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**The Permian Corporation** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 3119, Midland, Texas**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
**Vented** Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit **B** Sec. **31** Twp. **7S** Rge. **36E** Is gas actually connected? **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) **X** Oil Well **X** Gas Well **X** New Well **X** Workover **X** Deepen **X** Plug Back **X** Same Res'v. **X** Diff. Res'v. **X**  
Date Spudded **9-2-67** Date Compl. Ready to Prod. **9-13-67** Total Depth **4300'** P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) **4131.9' GR, 4141' KB** Name of Producing Formation **San Andres "B" zone** Top Oil/Gas Pay **4238'** Tubing Depth **4181'**  
Perforations **One shot per foot at: 4239', 4247', 4249', 4251', 4255', 4261', 4265', 4271', 4274', 4276', and 4278'** Depth Casing Shoe **4300'**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE **12 1/4"** CASING & TUBING SIZE **8 5/8", 24#** DEPTH SET **292' KB** SACKS CEMENT **150 sx, 2% CaCl, Circ. to Surface**  
**7 7/8"** **4 1/2", 9.5#** **4300' KB** **350 sx**

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 **9-13-67** Date of Test **9-14-67** Producing Method (Flow, pump, gas lift, etc.) **Flowing**  
Length of Test **24 hours** Tubing Pressure **75#** Casing Pressure **24/64"** Choke Size **24/64"**  
Actual Prod. During Test **132** Oil-Bbls. **132** Water-Bbls. **None** Gas-MCF **77.1 (GOR 582:1)**

GAS WELL  
Actual Prod. Test-MCF/D **132** Length of Test **24 hours** Bbls. Condensate/MMCF **None** Gravity of Condensate **77.1 (GOR 582:1)**  
Testing Method (pitot, back pr.) **pitot** Tubing Pressure (shut-in) **75#** Casing Pressure (shut-in) **24/64"** Choke Size **24/64"**

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)  
**9-14-67**  
(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 completed wells.