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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

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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic-Smith State	Well No. 2	Pool Name, Including Formation Todd Lower San Andres	Kind of Lease State, Federal or Fee State	Lease No. 06-174
Location Unit Letter I ; 2180 Feet From The South Line and 660 Feet From The East Line of Section 31 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 Pipe Line Company	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 type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 J	Sec. 31	Twp. 7S	Rge. 36E	Is gas actually connected? No	When As soon as possible.

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 1-19-68	Date Compl. Ready to Prod. Feb. 6, 1968		Total Depth 4336'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4126.1' GR, 4135' KB	Name of Producing Formation San Andres (Slaughter B)		Top Oil/Gas Pay 4282'		Tubing Depth 4294' (No packer)			
Perforations One shot at 4282', 4286', 4288', 4291', 4294', 4298', 4300', 4304', 4312', 4315', and 4317'.					Depth Casing Shoe 4336'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		292' KB		150 sx circ. to surface			
7 7/8"	5 1/2"		4336' KB		250 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 Feb. 6, 1968	Date of Test Feb. 7, 1968	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 120#	Casing Pressure 810#	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 152	Water-Bbls. 1	Gas-MCF 107.3 (GOR 706:1)

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

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)

Feb. 7, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *Joe L. Finney*
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.