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

Geologist

(Title) February 5, 1968
(Date)

	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION ANTA FE REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
FILE AND				A C		
ŀ	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	10		
ŀ	OIL OIL					
İ	TRANSPORTER GAS					
	OPERATOR					
1.	PRORATION OFFICE					
	Operator					
	FRANKLIN, ASTON & FAI	IR, INC.				
	Address	11 No. Marriage 99301				
	P. O. Box 1090, Roswell, New Mexico 88201					
	Reason(s) for filing (Check proper box) New Well X Change in Transporter of: ONE ESS A CANAL OF THE PROPERTY					
	New Well A	Oil Dry Gas	EXCEPTION TO THE NO.	MARK BELL TO BE GNED BY		
Recompletion OII Dry Gas Condensate Casinghead Gas Condensate						
i			1 210 1			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE Todd	-Lower San Andres			
İ	Lease Name	Well No. Pool Name, Including Fo	ormation R-3404 Kind of Lease	Lease No.		
	Gates State	l Todd Lower San		or Fee State K-3582		
	Location Unit Letter D . 460	Feet From The North Line	e and 660 Feet From T	he West		
	Onit Letter					
	Line of Section 32 Tov	vnship 7S Range	36E , ммрм, Roc	osevelt County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)		
			P. O. Box 3119, Midland	Texas		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form						
	Vented	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Hge. D 32 7S 36E		soon as possible.		
	If this production is commingled with COMPLETION DATA	is production is commingled with that from any other lease or pool, give commingling order number: MPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completic		X	1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	•		4306'			
	January 8, 1968 Elevations (DF, RKB, RT, GR, etc.)	February 3, 1968 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	4126 7' GR 4137.7' KE	San Andres (Slaughter	B) 4244'	42341		
	4126.7' GR, 4137.7' KB San Andres (Slaughter B) 4244' 4234' Perforations One shot at: 4244', 4252', 4254', 4258', 4261', 4265', Depth Casing Shoe					
	4268', 4271', 4278', 4283', and 4286' 4306'					
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT					
	12 1/411	8 5/8"	298' KB	150 sx circ. to surf.		
	7 7/8"	5 1/2"	4306' KB	250 sx		
V.	TEST DATA AND REQUEST F			and must be equal to or exceed top allow-		
OIL WELL able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test		,,		
	February 3, 1968	February 4, 1968	Pumping Casing Pressure	Choke Size		
	Length of Test	I doing Pressure	50#			
	24 hours Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
	Return Float During Fast	177	0	55 MCF (GOR 310:1)		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Float Foot-Mol/D					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
vi	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
V 1.	CLIVINICALL OF COMILIAN					
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19		
	Commission have been complied t	with and that the information given best of my knowledge and belief.	BY NO	Mrs il		
	above is true and complete to the	e beat of my knowledge and better.				
		_	TITLE			
		<i>l</i>		compliance with RULE 1104.		
	drant ms	nth	If this is a request for allow	able for a newly drilled or deepened		
	(Sign	ature)	well, this form must be accompan	nied by a tabulation of the deviation		

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.