

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 ☐

SUBSTANTIAL TO THE PUBLIC POLICY OF THIS AUTHORITY TO PRODUCE AND SELL OIL FROM THE COAL BED METHANE RESOURCES OF NEW MEXICO UNLESS A CASINGHEAD GAS PERMIT OR AN AUTHORITY TO DRILL AN EXCEPTION TO THE NO-FLARE RULE HAS BEEN OBTAINED BY THE OPERATOR.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cook State	Well No. 1	Pool Name, including Formation Undesignated Todd-Lower San Andres	Kind of Lease State, Federal or Fee State	Lease No. K-6454
Location Unit Letter <u>L</u> ; <u>660</u> Feet From The <u>West</u> Line and <u>2180</u> Feet From The <u>South</u> Line of Section <u>32</u> Township <u>7S</u> Range <u>36E</u> , NMPM, <u>Roosevelt</u> 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"/> 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 <input checked="" 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 L	Sec. 32	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)	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 4-16-68	Date Compl. Ready to Prod. 5-1-68		Total Depth 4,354'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4,122' GR; 4,131' KB	Name of Producing Formation San Andres (Slaughter B)		Top Oil/Gas Pay 4,300'		Tubing Depth 4,229' (Cacker)			
Perforations 4,300', 4,306', 4,310', 4,313', 4,317', 4,326', 4,327', 4,332', 4,334', 4,340', 4,344'					Depth of Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		293' KB		150 sx cement circ. to surface			
7 7/8"	5 1/2"		4,354' KB		250 sx cement			

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 4-30-68	Date of Test 5-1-68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 60	Casing Pressure	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 125	Water - Bbls. 0	Gas - MCF 118.75 (GOR 950:1)

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Grav. 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)

5-1-68

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Joe A. Kline

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.