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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 **Bluitt-Federal** Well No. **1** Pool Name, including Formation **East Bluitt San Andres**
Kind of Lease **Federal** Lease No. **NM 044216**
Location **Bluitt San Andres Associated**
Unit Letter **I** **1980** Feet From The **South** Line and **660** Feet From The **East**
Line of Section **13** Township **8S** Range **37E**, NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Oil Corporation - Trucks Address (Give address to which approved copy of this form is to be sent)
P. O. Box 725, Hobbs, New Mexico 88240
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 **I** Sec. **13** Twp. **8S** Rge. **37E** 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 ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded **10-1-68** Date Compl. Ready to Prod. **10-17-68** Total Depth **4756'** P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) **4003' DF, 3991.3' GR** Name of Producing Formation **San Andres** Top Oil/Gas Pay **4661'** Tubing Depth **4553'**
Perforations **Nine perforations at selected intervals from 4661'-4680'** Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" **8 5/8" 20#** **295'** **150 sx with 2% CaCl**
7 7/8" **5 1/2" 14#** **4756'** **275 sx with 2% Gel**
2" EUE **4553'**

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 10-17-68	Date of Test 10-18-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 200#	Casing Pressure	Choke Size 20/64"
Actual Prod. During Test	Oil - Bbls. 150	Water - Bbls. 0	Gas - MCF 143

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.

Tom P. Stephens
(Signature)

Executive Vice-President
(Title)

10-18-68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *[Signature]*
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.