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

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE O. C.	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE		AND C. C. C.	0.46
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE		***	
TRANSPORTER GAS	1		
OPERATOR	-  		
PRORATION OFFICE	<u> </u>		
Operator ACTON C FA	ID INC		
FRANKLIN, ASTON & FA	IR, INC.		
Address  P 0 Roy 1000 Rosw	ell, New Mexico 88201		
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Cil Dry Go	as [	
Change in Ownership	Casinghead Gas 🗶 Conde	nsate	
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation Kind of Le	ase Lease No.
Lease Name Bluitt Federal	2 East Bluitt-Sar		eral or Fee Federal NM 044216
Location			
, , , , , , , , , , , , , , , , , , , ,	SO Feet From The South Li	no and 1980 Fee: Ero	om The East
Unit Letter J; 198	Feet From The 300CH	re and reet rec	m The
Line of Section 13 To	wnship 8 South Range	37 East , NMPM, Roo	sevelt County
Zine of Section			
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of Offi	or Condensate	Address (Give address to which ap)	proved copy of this form is to be sent)
Mobil Oil Corporation	on - Trucks	P. O. Box 900, Dallas	
Name of Authorized Transporter of Ca			proved copy of this form is to be sent)
Cities Service Oil C			, Milnesand, N. M. 88125
If well produces oil or liquids,	Unit   Sec.   Twp.   Rge.   37E	Is gas actually connected?	5-20-69
give location of tanks.			<b>J</b> -20-03
	ith that from any other lease or pool	, give commingling order number:	
V. COMPLETION DATA	Of Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Rest
Designate Type of Completi	on = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR. etc.)	Name of Producing Formation	Top C:1/Gxs Pay	Tubing Depth
			Depth Casing Shoe
Perforations			Depth Cdaing biles
		ID GENENTING DECORD	
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEFIN SET	
		1	
V. TEST DATA AND REQUEST I	COP AT LOWARIE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top all
OIL WELL	able for this	depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	is lift, etc.)
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Chick Size
		Water - Bb.s.	Gas - MCF
Actual Prod. During Test	Cil-Bbls.	#diet - Bb.a.	
2.2			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test+MCF/D	Pandry or Last		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
lesting Method (pitot, oder pr.)	. and i reseme ( same-an )	•	
	NOE	OII CONSE	RVATION COMMISSION
VI. CERTIFICATE OF COMPLIA	NUE	JIE CONSE	7 2 3 14h9
	decompositions of the Oil Conservation	APPROVER	Rungan 19
	d regulations of the Oil Conservation with and that the information give		Rum ser
above is true and complete to t	the best of my knowledge and belie	f. BY	
		<b>!</b>	

Jone	D Stiphers	
	(Signature) Executive Vice-Pres.	
	(Title) May 21, 1969	

(Date)

ADDDOVED 4	A 2	3 1969	19
BY	11 6	uma	u
BY	<u> </u>	0	
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.