ť	<i>V</i>												
ſ	NO. OF COPIES RECEIVED												
-	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C+104									
	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65									
ŀ	FILE U.S.G.S.	AUTHORIZATION TO TRAN	AND NSPORT OIL AND NATURAL GAS										
ł	LAND OFFICE	AUTHORIZATION TO TRAI	SFORT OIL AND MATURAL GAS										
Ī	I RANSPORTER OIL												
-	GAS												
1.	OPERATOR PRORATION OFFICE												
A.	FRANKLIN, ASTON & FA	FRANKLIN, ASTON & FAIR, INC.											
ľ	Address	all New Mexico 88201											
	Reason(s) for filing (Check proper box)	ell, New Mexico 88201	Other (Please explain)										
	New Well	Change in Transporter of:											
		Cil Dry Gas Casinghead Gas Condens											
l	Change in Ownership	Casinghead Gas Condens											
	If change of ownership give name and address of previous owner												
п.	DESCRIPTION OF WELL AND I Lease Name	EASE .UNDESIGN	· · · · · · · · · · · · · · · · · · ·	Lease No.									
	Roden Federal	2 East Bluitt-San	And res State, Federal or	Fee Federal NM 044216-E									
	Location 197/	west	a mid 554 Feet From The	north									
	Unit Letter C; 10/4	Feet From The West Line	e and 554 Feet From The	north									
	Line of Section 19 Tow	nship 8S Range 3	E , NMPM, ROOSEVE	lt County									
		TH OF OUT AND NATURAL CAS	Be Carl	o C P e a Jed									
III .	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved										
	Mobil Oil Corporation -	Trucks	Western <u>Oil Transportati</u> P. O. Box 725, Hobbs, Ne	w Mexico 88240									
	Name of Authorized Transporter of Cas. 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 Sec. Twp Rge. C 19 8S 38E	is gas actually connected? When As	soon as possible									
	If this production is commingled with	a see a s											
1 V .	COMPLETION DATA		New Well Workover Deepen F	Plug Back Same Kesty, Diff. Resty,									
	Designate Type of Completio	^	X	P.B.T.D.									
	Date Spudded Apr. 15, 1969	Date Comp., Ready to Prod. May 2, 1969	Total Depth F										
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fermition		Tubing Depth									
		San Andres (Slaughter B	- 1	+626!									
	Perforations 4724, 4726, 4	727', 4728', 4732', 4734	, I	4765'									
	47441, 47461, 4	TUBING, CASING, AND	CEMENTING RECORD	•									
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT									
	12 1/4	<u>8 5/8''</u> 5 1/2''	<u>295' КВ</u> 4765' КВ	175 sx circ to surf 275 sx									
	7.7/8"	5 1/2											
V.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be af able for this de Date of Test	fter recovery of total volume of load oil and pih or be for full 24 hours) Producing Method (Flow, pump, gas lift,										
	Date First New Oil Run To Tanks	May 3, 1969	Flowing										
	May 2, 1969	Tubing Pressure	Casing Pressure	Choke Size									
	24 hours	175#	Water-Bbls.	24/6411									
	Actual Prod. During Test	Cil-Bha.		70									
	l	140											
	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 COMPLIAN		OIL CONSERVAT	ION COMMISSION									
VI.	CERTIFICATE OF COMPENSION			and the second sec									
	I hereby certify that the rules and r Commission have been complied w	egulations of the Oil Conservation	APPROVED										
	above is true and complete to the	best of my knowledge and belief.		yan									
			TITLE Geologist										
	1.0		This form is to be filed in co	mpliance with RULE 1104.									
	brant m bo	nith	If this is a request for allowat	ble for a newly drilled or deepened ed by a tabulation of the deviation									
			tests taken on the well in accords	ince with RULE 111.									
	Geologis		All sections of this form must able on new and recompleted well	be filled out completely for allow-									
		969	Fill out only Sections I, II, well name or number, or transporter	III. and VI for changes of owner,									
	(Da	1 <i>te)</i>	Separate Forms C-104 must b completed wells.	be filed for each pool in multiply									

well name or number, or transporter, or other such change of condit:										ondition.	
Separa completed v	te	Forms	C-104	must	be	filed	for	each	pool	in	multiply