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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) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Gates State** Well No. **3** Pool Name, Including Formation **Todd Lower San Andres** Kind of Lease **State** Lease No. **K-3582**
Location
Unit Letter **F** ; **1830** Feet From The **North** Line and **1980** Feet From The **West**
Line of Section **32** Township **7S** Range **36E** , NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Pipe Line Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 900, Dallas, Texas 75221
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 **D** 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) **X** Oil Well **X** Gas Well **X** New Well **X** Workover **X** Deepen **X** Plug Back **X** Same Res'v. **X** Diff. Res'v. **X**
Date Spudded **March 18, 1970** Date Compl. Ready to Prod. **April 2, 1970** Total Depth **4338'** P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) **4117' GR** Name of Producing Formation **San Andres (Slaughter B)** Top Oil/Gas Pay **4282'** Tubing Depth **4210'**
Perforations **4282' - 4290'** **4286' - 4296'** **84' - 92'** **88' - 98'** Depth Casing Shoe **4338'**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE **12 1/4"** CASING & TUBING SIZE **8 5/8"** DEPTH SET **295'** SACKS CEMENT **175 sack circ. surface**
7 7/8" **4 1/2"** **4338'** **300**

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 4-1-70	Date of Test 4-8-70	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 0	Choke Size
Actual Prod. During Test	Oil - Bbls. 156	Water - Bbls. 96	Gas - MCF 187 MCFD

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.

Grant M. Smith
(Signature)

Geologist

(Title)

4-7-70

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE **SUPERVISOR**

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.

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