NO. OF COPIES REC	İ		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	L	
	GAS		
OPERATOR			

NO. OF COPIES RE	CEIVED					
DISTRIBUT	ION		ONSERVATION COMMISSION		Form C-104	
SANTA FE		REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE			AND			•
U.S.G.S.		AUTHORIZATION TO TRA	INSPORT OIL AND I	NATURAL GA	S	
LAND OFFICE						
TRANSPORTER	OIL					
IRANSPORTER	GAS					
OPERATOR						
PRORATION OF	FICE					
Operator						
FRANKLIN.	ASTON & FAIR	. INC.				
Address						
D O BOY	1090 Roswell	1, New Mexico 88201				
Regeon(s) for filin	(Check proper box)		Other (Please	e explain)		
New Well	X	Change in Transporter of:				
l	Ä	Oil Dry Ga	ıs 🗍			
Recompletion	. -	Casinghead Gas Conder	77			
Change in Owners	ıip	0403.119.119.119		<u></u>		
If about of owns	rehin give name	CASINGHEAD GAS	MUST NOT DE			
If change of owne and address of pr	evious owner	FLARED AFTER	11-1-1-1-1-1			
		UNLESS AN EXCEP	TIÓN TO R-4070			
II. DESCRIPTION	OF WELL AND	LEASE IS OPTAINED				
Lease Name		Well No. Pool Name, Including F		Kind of Lease	C b . b .	Lease No.
Gates Sta	ie	4 Todd Lower Sa	n Andres	State, Federal o	Fee State	K-3582
Location						
Locatio	r 101	North		D 7 71	West	
Unit Letter	_E;183	30 Feet From The North Lin	ne and	Feet From Th	e	
		70	36E , NMPN	Roose	velt	Courts
Line of Section	32 Tow	vnship 75 Range	JOE , NMPN	4, 110000		County
III. DESIGNATION	OF TRANSPORT	TER OF OIL AND NATURAL GA	NS		To the College Committee	
Name of Authorize	d Transporter of Oil	or Condensate	Address (Give adaress			to be sent)
Mobil Pin	e Line Compar	nv	P. 0. Box 900), Dallas,	Texas 75221	
Name of Authorize	d Transporter of Cas	singhead Gas or Dry Gas	Address (Give address	to which approve	d copy of this form is t	to be sent)
Vented		· . —				
Venteu		Unit Sec. Twp. Ege.	Is gas actually connec	ted? When		
If well produces of	il or liquids,		1		soon as poss	ible
give location of to	nks.	D 32 7S 36E	. NO			
If this production	is commingled wit	th that from any other lease or pool,	give commingling orde	r number:		
IV. COMPLETION						
		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	s'v. Diff. Res'v.
Designate T	ype of Completion	on = (X)	X		1	
Date Spudded		Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
-	1071	September 20, 1971	43081			
August 18		Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	KB, RT, GR, etc.)				43001	
4122' GR		San Andres (Slaughter	m) "720/		Depth Casing Shoe	
Perforations On	e shot at: /	4267', 4268', 4270', 427	72', 4274', 4276	o', 4284',	4308'	
		4267', 4268', 4270', 427 4286', 4288', 4290' & 42	<u> </u>		4,000	· · · · · · · · · · · · · · · · · · ·
		TUBING, CASING, AN	D CEMENTING RECO	RD		
HOL	ESIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CE	
12"		8 5/8"	2821 KB		175 sacks o	irc. Suri
7 7/8"		5 1/2"	4308' KB		300 sacks	_
1 1/6"		 				
					· - 	
		<u>}</u>				
V. TEST DATA A	ND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total vol	ume of load oil ar	nd must be equal to or	exceed top allou
OIL WELL		aute joi tilla a	epth or be for full 24 hour	5/	200 1	
Date First New C	il Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lift,	, etc./	
	19, 1971	September 20, 1971	Pumping			
Length of Test	109 1011	Tubing Pressure	Casing Pressure		Choke Size	
24 hrs.		1	15#			
1	- Maci	Oil-Bbis.	Water - Bbls.		Gas-MCF	
Actual Prod. Dur	ud rest		0		170 (GOR 3777	(:1)
45		45				
GAS WELL			T =		Complete of Complete	
Actual Prod. Tes	t-MCF/D	Length of Test	Bbls. Condensate/MM	∍r 	Gravity of Condensate	-
•						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size	
. 5511.14 (11.154)	• •					
			011	CONSEDIA.	TION COMMISSIC)N
VI. CERTIFICATI	OF COMPLIAN	CE		SERVA	1 1071	
				SEP 24	13/1	, 19
I hereby certify	that the rules and	regulations of the Oil Conservation	APPROVED			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Orig. Signed by				
		Joe D. Ramey				
		TITLE Dis. I, See				
				-	~ ~	- 1104
	100	Smith	This form is	to be filed in co	ompliance with RUL	E 1104,
Dra	A M.	smill	If this is a re	quest for allow	able for a newly dril	nea or asspense of the deviatio
	(Sign	iature)	well, this form mu	s well in accord	iance with RULE 1	11.

Geologist (Title) September 21,1971

(Date)

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

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SEP 231971

OIL CONSERVATION COMM. HOBBS, N. M.