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

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

*confidential*

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 <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT FLARED AFTER <u>4/14/75</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_  
THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

DESCRIPTION OF WELL AND LEASE				
Lease Name Aztec State	Well No. 1Y	Pool Name, Including Formation Corbin Abo	Kind of Lease State, Federal or Fee	Lease No. LC 272
Location				
Unit Letter C	660	Feet From The North	Line and 2030	Feet From The West
Line of Section 36	Township 17S	Range 32E	, NMPM,      Lea      County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Navajo Crude Oil Purchasing Company		Artesia, New Mexico 88210		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Continental Maljamar Plant				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 36	Twp. 17S	Rge. 32E
				Is gas actually connected? No
				When When right of way available

this production is commingled with that from any other lease or pool, give commingling order number: _____				
COMPLETION DATA				
Designate Type of Completion - (X)		Oil Well X	Gas Well 	New Well X
		Workover 	Deepen 	Plug Back 
		Same Res'v. 	Diff. Res'v. 	
Date Spudded 1-6-75	Date Compl. Ready to Prod. 2-16-75	Total Depth 8706'	P.B.T.D.	
Levations (DF, RKB, RT, GR, etc.) 3978' KB	Name of Producing Formation Abo	Top Oil/Gas Pay 8406'	Tubing Depth 8448'	
Perforations 406, 8410, 8415, 8422, 8429, 8436, 8438, 8454, 8456, 8468-1 jet shot			Depth Casing Shoe 8703'	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	12 1/4	340	350 circ. surf.
12	8-5/8	2975	1500
7-7/8	5 1/2	8703	300

TEST DATA AND REQUEST FOR ALLOWABLE I. 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 2-14-75	Date of Test 2-16-75	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 9 hours	Tubing Pressure 750#	Casing Pressure 0	Choke Size 16/64
Actual Prod. During Test	Oil-Bbls. 153	Water-Bbls. 0	Gas-MCF 168.3

II. WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.		APPROVED <u>Feb 24 1975</u> , 19	
Frank M. Smith (Signature)		BY <u>[Signature]</u>	
Geologist (Title)		TITLE <u>SUPERVISOR DISTRICT I</u>	
2-24-75 (Date)		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	