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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

Operator FRANKLIN, ASTON & FAIR, LTD.	
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"/>	This form MUST NOT BE RE-ENTERED 4/4/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name AZTEC STATE	Well No. 3	Pool Name, including Formation Undesignated	Kind of Lease State, Federal or Fee State	Lease No. LG-0272
Location				
Unit Letter B ; 710 Feet From The North Line and 2110 Feet From The East				
Line of Section 36 Township 17 S Range 32 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" 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	P. O. BOX 175, 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)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 36	Twp. 17S	Rge. 32E	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)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded RE-ENTERED 12/12/75	Date Compl. Ready to Prod. 2/4/76	Total Depth 11,758'		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3,991' KB, 3,975' GR	Name of Producing Formation PENNSYLVANIAN (STRAWN)	Top Oil/Gas Pay 11,476'		Tubing Depth 11,491'					
Perforations two (2) shots @ 11,493', 11,497', 11,504', 11,506', 11,515', 11,520', 11,526', 11,535', 11,541' and 11,549'.		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
15"	13 3/8"	305'		300 sx circ. surface					
11"	8 5/8"	3,004'		1,500 sx circ. surface					
7 7/8"	5 1/2"	11,755'		250 sx					

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 2/4/76	Date of Test 2/5/76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 1 hr. 24 hrs.	Tubing Pressure 2200#	Casing Pressure 0	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 28 672	Water - Bbls. 0	Gas - MCF 21 504

GAS 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

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.

Tom P. Stephens  
(Signature)

GENERAL PARTNER

(Title)

FEBRUARY 17, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED

FEB 20 1976

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BY

TITLE SUPERVISOR DISTRICT I

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.