NO. OF COPIES REC	EIVED	i
DISTRIBUTI		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

III.

IV.

VI.

	DISTRIBUTION	NEW MEXICO OU	COMPENSATION				
	SANTA FE		CONSERVATION COMMISSION	Form C-104			
	FILE	REGUEST	FOR ALLOWABLE TO G	Supersedes Old C-104 and C-11 Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TO	AND				
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORTURAL	GAS			
	TRANSPORTER OIL	1	· · · · · ·	•			
	GAS						
	OPERATOR	7					
I.	PRORATION OFFICE	7					
	Operator						
	Taylor Pruitt						
	Address						
	c/o Oil Reports & Ga	c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico					
	Reason(s) for filing (Check proper box)	Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry G	as				
	Change in Ownership	Casinghead Gas Conde	ensate				
	If change of ownership give name						
	and address of previous owner						
ш.	DESCRIPTION OF WELL AND DESCRI	Well No. Pool Name, Including F	Englan Chaveron Say Andre	÷ 5			
	KMS	2 -Undes. Chaver		Lease No.			
	Location	2 - Offices. Chaver	coo San Andres State, Feder	ol or Fee State OG-1017			
			444				
	Unit Letter I; 1980	Feet From The South Lin	ne and 660 Feet From	The East			
	Line of Section 36 Tow	mship 7 S Range	32 E , NMPM, ROC				
ı	The of Section CO Town	mship / S Range	32 E , NMPM, ROC	osevelt County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	46				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent			
1	Scurlock Oil Company		414 Mid America Buildi	· · · · · · · · · · · · · · · · · · ·			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)			
	None			,			
	If well produces oil or liquids.	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en			
	give location of tanks.	I 36 7 S 32 E	No				
1	f this production is commingled wit	h that from any other lease or pool.	give commingling order number:				
	COMPLETION DATA						
	Designate Type of Completio	n — (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
			X	1			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
-	8/2/67 Elevations (DF, RKB, RT, GR, etc.)	8/17/67 Name of Producing Formation	4309	4299			
	•	•	Top Oil/Gas Pay	Tubing Depth			
}	4448 GL Perforations	San Andres	4179	4237 Depth Casing Shoe			
		06 14 04 21 25 41	42 4072 77 01 07				
ŀ	4177, 04, 90, 99, 4201,	06, 14, 24, 31, 35, 41	D CEMENTING RECORD	4309			
t	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12 1/2	0.5/0					
Ī	7 7/8	4 1/2	362 4309	250			
	1 1/0	2 3/9	4309	450			
ĺ			1237				
V.	TEST DATA AND REQUEST FO	RALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-			
	OIL WELL	able for this de	epth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)			
	8/17/67	8/21-22/67	Pump				
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size			
-	24 hours	** •••	441 466				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF			
I.	163	63	100	37			
	CAC WELL						
Г	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
			Data Condendato Minica	Gravity of Condensate			
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
		(3333 2)					
VI. (CERTIFICATE OF COMPLIANC	F:	OU CONSERVA	TION COMMISSION			
• • • •							
ī	hereby certify that the rules and re	egulations of the Oil Conservation	APPROVED, 19				
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.							
		BY					
			TITLE				
	. 0	,					
A, LSmith (Signature)		This form is to be filed in compliance with RULE 1104.					
-	(Signature)		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				
(Signature) Agent (Title)		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-					
						August 22, 1967 (Date)	
-	well name or number, or transporter, or other such change of condition.						
				be filed for each pool in multiply			
			completed wells.				