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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

RATOR RATION OFFICITOR  SS COIL Report (No.1) for filing (Ch. (No.1)	releum Corts & Gaseck proper box)	Services, Box 763, Hol	Obs, New Mexico Other (Plea as Effe	se explain)		
NSPORTER O G RATOR RATION OFFICITOR  SS CO11 Report	releum Con	rporation  Services, Box 763, Help  Change in Transporter of:  Oil Dry Go  Casinghead Gas Conden	Obs, New Mexico Other (Plea as Effe	se explain)		
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nge of ownership ddress of previou CRIPTION OF V	give name			exico		
CRIPTION OF V	is owner	Taylor Pruitt, Box 763	3, Hobbs, New M	exico		
CRIPTION OF V	is owner	Taylor Pruitt, Box 763	3, Hobbs, New M	exico		
RIPTION OF V						
Name	WELL AND I					
Name		LEASE				
ease Name Well No. Pool Name, Including Fo			Kind of Lease		Lease No	
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ion						
M M	. 660	Feet From The South Lir	ne and 660	Feet From T	The West	
III Letter						
ne of Section	36 Tow	mship <b>7 \$</b> Range	32 E , NMF	M, Roose	velt	County
no or occue.						
GNATION OF	TRANSPORT	ER OF OIL AND NATURAL GA	AS			
of Authorized Tra	insporter of Oil	or Condensate	Address (Give addres	s to which approv	ed copy of this form is	to be sent)
				las, Texas	}	
of Authorized Tra	insporter of Cas	inghead Gas 🛣 or Dry Gas 🦳	Address (Give addres	s to which approv	ed copy of this form is	to be sent)
			Bartlesville	. Oklahoma	l	
	iquids,	1	Vac		11/12/67	
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		h that from any other lease or pool,	give commingling or	er number:		
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			Total Depth		P.B.T.D.	
Брасава			-			
Hone (DE RKR I	PT CP atai	Name of Producing Formation	Top Cil/Gas Pay		Tubing Depth	
itions (Dr., KKB, I	(1, GR, etc.)	Name of Fredding Fermina				
					Depth Casing Shoe	,,
orations						
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T DATA AND I	REQUEST F	OR ALLOWABLE (Test must be	after recovery of total vi	plume of load oil	and must be equal to o	exceed top al
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	me of Section  GNATION OF To Authorized Tractices Service  It produces oil or location of tanks.  Services production is concepted to the services of the serv	GNATION OF TRANSPORT of Authorized Transporter of Oil oil Pipe Line Company of Authorized Transporter of Cas ties Service Oil Comp Il produces oil or liquids, location of tanks.  Is production is commingled with PLETION DATA  esignate Type of Completion Spudded  attons (DF, RKB, RT, GR, etc.)	GNATION OF TRANSPORTER OF OIL AND NATURAL GARD Authorized Transporter of Oil or Condensate of Authorized Transporter of Casinghead Gas or Dry Gas or Authorized Transporter of Casinghead Gas or Dry Gas or Authorized Transporter of Casinghead Gas or Dry Gas or Dry Gas or Authorized Transporter of Casinghead Gas or Dry G	TUBING, CASING, AND CEMENTING RECO	TUBING, CASING, AND CEMENTING RECORD	Re of Section 36 Township 7 8 Range 32 E , NMPM, Roesevelt  GNATION OF TRANSPORTER OF OIL AND NATURAL GAS  of Authorized Transporter of Oil T or Condensate Address (Give address to which approved copy of this form is possible of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is possible of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is possible of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is possible of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is possible of Casinghead Gas or Dry Gas Service Oil Casinghead Gas or Dry Gas Oil Well Gas Well New Well Workover Deepen Plug Back Same Resignate Type of Completion — (X)  Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  Tubing Casing Shoe  Tubing Casing Shoe  Tubing Casing Shoe  Tubing Casing Shoe

## VI.

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.

(Signature) Agent (Title) 6/26/69

ALPERVISOR DISTRICT TITLE ( 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.