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Form C-105  
Revised 1-1-65

# NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

**CONFIDENTIAL**

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

1a. TYPE OF WELL		OIL WELL <input checked="" type="checkbox"/>		GAS WELL <input type="checkbox"/>		DRY <input type="checkbox"/>		OTHER _____		7. Unit Agreement Name	
b. TYPE OF COMPLETION		NEW WELL <input checked="" type="checkbox"/>		WORK OVER <input type="checkbox"/>		DEEPEN <input type="checkbox"/>		PLUG BACK <input type="checkbox"/>		DIFF. RESVR. <input type="checkbox"/>	
										8. Farm or Lease Name	
										Humble Tucker	
2. Name of Operator										9. Well No.	
Taylor Pruitt										1	
3. Address of Operator										10. Field and Pool, or Wildcat	
c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico										Undes. Chaveroo-SA	
4. Location of Well											
UNIT LETTER <u>N</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM										12. County	
THE <u>West</u> LINE OF SEC. <u>25</u> TWP. <u>7 S</u> RGE. <u>32 E</u> NMPM										Roosevelt	
15. Date Spudded		16. Date T.D. Reached		17. Date Compl. (Ready to Prod.)		18. Elevations (DF, RKB, RT, GR, etc.)		19. Elev. Casinghead			
10/28/67		11/6/67		11/9/67		4449.0 GR, 4457.8 KB					
20. Total Depth		21. Plug Back T.D.		22. If Multiple Compl., How Many		23. Intervals Drilled By		Rotary Tools		Cable Tools	
4400		4378				→		O-TD			
24. Producing Interval(s), of this completion — Top, Bottom, Name										25. Was Directional Survey Made	
4159 - 4319 San Andres										Yes	
26. Type Electric and Other Logs Run										27. Was Well Cored	
Gamma Ray, Sonic, Laterlog, Microlaterlog										No	
28. CASING RECORD (Report all strings set in well)											
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
8 5/8		20#		347		12 1/4		225		none	
5 1/2		14, 15.5 & 17		4400		7 7/8		600		none	
29. LINER RECORD											
SIZE		TOP		BOTTOM		SACKS CEMENT		SCREEN		30. TUBING RECORD	
										SIZE	
										DEPTH SET	
										PACKER SET	
										2 3/8	
										4345	
										no	
31. Perforation Record (Interval, size and number)						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
4159 - 4319 22-1/2" Jet Shots						DEPTH INTERVAL					
Note: Ground level elevation amended from 4433.5 to 4449.0.						AMOUNT AND KIND MATERIAL USED					
						4159-4319					
						200 gal MCA, 4,000 gal 15% NE acid, 50,000 gal gelled wtr, 40,000# sand					
33. PRODUCTION											
Date First Production		Production Method (Flowing, gas lift, pumping — Size and type pump)						Well Status (Prod. or Shut-in)			
11/9/67		Pump						Producing			
Date of Test		Hours Tested		Choke Size		Prod'n. For Test Period		Oil — Bbl.		Gas — MCF	
11/20-21/67		24		-		→		80		38	
Flow Tubing Press.		Casing Pressure		Calculated 24-Hour Rate		Oil — Bbl.		Gas — MCF		Water — Bbl.	
-		-		→		80		38		108	
34. Disposition of Gas (Sold, used for fuel, vented, etc.)										Test Witnessed By	
Vented										Claude Vinson	
35. List of Attachments											
1 copy electric logs											
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.											
SIGNED <u>A. L. Smith</u>				TITLE <u>Agent</u>				DATE <u>11/28/67</u>			

## INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

**INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE**

### Southeastern New Mexico

### Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates <b>2285</b>	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres <b>3448</b>	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzite _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. <b>P1</b> <b>4150</b>	T. Chinle _____	T. _____
T. Penn. _____	T. <b>P2</b> <b>4230</b>	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	190	190	Surface Rock				
190	1430	1240	Red Bed				
1430	2285	855	Anhydrite & Salt				
2285	2380	95	Lime & Sand				
2380	3448	1068	Anhydrite, Salt & Shale				
3448	4400	952	Dolomite & Anhydrite				

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	GAS	
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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

I. Operator  
**Taylor Pruitt**

Address  
**c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>
		Dry 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 <b>Humble Tucker</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Chaveroo San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>N</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>25</b> Township <b>7 S</b> Range <b>32 E</b> , NMPM, <b>Roosevelt</b> 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"/> <b>Mobil Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 900, Dallas, Texas</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cities Service Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>N</b>	Sec. <b>25</b>	Twp. <b>7 S</b>	Rge. <b>32 E</b>
Is gas actually connected?		When <b>3/3/68</b>		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

**H. L. Smith**  
(Signature)

**Agent**  
(Title)

**March 4, 1968**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Joe V. Ramsey**  
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.