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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

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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Humble Tucker** Well No. **1** Pool Name, Including Formation **Chaveroo-San Andres** Kind of Lease **Fee** Lease No.

Location
Unit Letter **N** ; **660** Feet From The **South** Line and **1980** Feet From The **West**
Line of Section **25** Township **7 S** Range **32 E** , NMPM, **Roosevelt** County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Scutlock Oil Company Address (Give address to which approved copy of this form is to be sent)
414 Mid America Bldg., Midland, Texas

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None 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 **N** Sec. **25** Twp. **7S** Rge. **32E** Is gas actually connected? **No** When

If 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 XX	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10/28/67	Date Compl. Ready to Prod. 11/9/67	Total Depth 4400	P.B.T.D. 4378					
Elevations (DF, RKB, RT, GR, etc.) 4433.7 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4159	Tubing Depth 4345					
Perforations 4159 - 4319			Depth Casing Shoe 4400					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	347	225
7 7/8	5 1/2	4400	600
	2 3/8	4345	

TEST DATA AND REQUEST FOR ALLOWABLE (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 11/9/67	Date of Test 11/20-21/67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 354	Casing Pressure 354	Choke Size --
Total Prod. During Test 188	Oil - Bbls. 80	Water - Bbls. 108	Gas - MCF 38

WELL

Total 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

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 is true and complete to the best of my knowledge and belief.

Agent

(Title)

November 21, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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.