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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

111)/Förm C-104	
الال	Figure C-104 Superdédes Old C-104 and C-1 Effective 1 1965	!10

FILE		AND	JUL 9 3	U. G. C	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS < 57 A	g, Ia .	
LAND OFFICE			GAS 2 57 P	7 'ER	
TRANSPORTER GAS				30	
OPERATOR					
PRORATION OFFICE					
Operator Taylor Pruitt					
Address a/o Oil Reports & Ga	e Services, Box 763, Hol	bbs, New Mandico			
Reason(s) for filing (Check proper box,		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry G	as Language Paragraphic Paragr		ŀ	
Change in Ownership	Casinghead Gas Conde	Elisate			
If change of ownership give name and address of previous owner			Game & Fish #G	 1	
II. DESCRIPTION OF WELL AND	LEASE			Lease No.	
Lease Name	Well No. Pool Name, Including	Officiation	****	Above	
Location 66	South .	ine and 1980 Feet From	The East		
Unit Letter;	Feet From The	32 B , NMPM,	Rossevelt	County	
Line of Section	wiisiip				
II. DESIGNATION OF TRANSPOR	or Condensate		oved copy of this form is	to be sent)	
Name of Authorized Transporter of Ca	e Company				
Cities Service Cil	Company	Bertlesville, Oklah Is gas actually connected?	/hen		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 26 78 32 1	· · · · · · · · · · · · · · · · · · ·	6/21/68		
If this production is commingled w	ith that from any other lease or poo	l, give commingling order number:			
Designate Type of Completi	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Re	es'v. Diff. Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
5/30/68	6/21/68	4500	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Son Andres	Top Oil/Gas Pay	Depth Casing Shoe		
Perforations 4054 - 4416			4499	<u> </u>	
4034 - 4420	TUBING, CASING, A	ND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CE		
12 1/4	8 5/8	331	225 650		
7 7/8	5 1/2 2 3/8	4499			
				- average con alla	
V. TEST DATA AND REQUEST :	FOR ALLOWABLE (Test must be able for this	e after recovery of total volume of load (depth or be for full 24 hours)		- exceed top atto	
Date First New Oil Run To Tanks	7/1-2/68	Producing Method (Flow, pump, gas	, 66,6, 660.7		
6/18/68 Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hours	an Pul-	Water - Bbls.	Gas-MCF		
Actual Prod. During Test	Oil-Bbls. 25	180	47		
\					
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condense	ite	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
AN CORPUSATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISS	ION	
VI. CERTIFICATE OF COMPLIA		APPROVED		19	
I hereby certify that the rules an	d regulations of the Oil Conservati	ven \	Da O A Stanes		
above is true and complete to	the best of my knowledge and beli		Von	=	
		TITLE	HA I F	U. E. 1104	
A + A		This form is to be filed	in compliance with Ru	rilled or deeper	

(Signature)

Agent (Title) 7/9/68

(Date)

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.