NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OF				

III.

IV.

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	NEW MEXICO OIL C REQUEST AUTHORIZATION TO TRA	Form C-104 Supersedes Old C-104 and C-110 U. C. C. Effective 1-1-65 GAS M CQ		
1.	TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator			עט זייי	
	Taylor Pruitt				
'	c/o Oil Reports & Gas	s Services, Box 763, Hobb	os, New Mexico		
- 1	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)		
	Recompletion	Oil Dry Ga	s 🔲		
[Change in Ownership	Casinghead Gas Conden	sate		
	change of ownership give name nd address of previous owner				
II. D	DESCRIPTION OF WELL AND	LEASE	State Game & Fish C	ommission #GS-1	
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lea	Lease No.	
	HSG Location	3 Chaveroo San	Andres State, 1 sas	Above State Above	
	Unit Letter J	980 Feet From The South Lin	e andFeet From	n The East	
	Line of Section 26 To	wnship 7 S Range	32 E , NMPM, R	cosevelt County	
L_					
III. <u>C</u>	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which app	roved copy of this form is to be sent)	
	Mobil Pipe Line Compa	any	P.O. Box 900, Dallas	Toxas roved copy of this form is to be sent)	
	Name of Authorized Transporter of Ca Cities Service Oil C		Bartlesville, Cklaho		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen	
╙	give location of tanks.	P 26 75 32E	Yes		
	this production is commingled with COMPLETION DATA	ith that from any other lease or pool,		Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi		New Well Workover Deepen	Flug Buck Same Nes V. Bitti Nes V.	
-	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
-	5/21/68 Elevations (DF, RKB, RT, GR, etc.)	6/13/68 Name of Producing Formation	4500 Top Oil/Gas Pay	Tubing Depth	
		San Andres	4088	Depth Casing Shoe	
	Perforations ACRR-A446			Depth Casing Snoe	
L	4056=4440	TUBING, CASING, AND	CEMENTING RECORD		
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
F	7 7/8	5 1/2	4499	650	
-		2 3/8	4459		
V . 2	TEST DATA AND REQUEST F			il and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)	
	6/2/68	6/24-25/68	Pump	Choke Size	
	Length of Test 24 hours	Tubing Pressure	Casing Pressure		
-	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gds - MCF	
_	200	35	165	<u>&</u>	
	GAS WELL			10-11-10-11	
	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	
		NOE	OIL CONSERV	VATION COMMISSION	
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)		OIL CONSERVATION COMMISSION		
1			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.		
8					
_	<u>Ag</u>	ent. Fitle)	All sections of this form able on new and recompleted	must be filled out completely for allow-	
	(1	****/	If Spre ou new sug tecombreted	******	

6/28/68 (Date)

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.

C