

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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

O. C. G.

JUL 27 9 49 AM '68

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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE				NM-0533777A	
Lease Name Humble Federal	Well No. 2	Pool Name, Including Formation Chaveroe San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. Above	
Location					
Unit Letter E	1980	Feet From The North	Line and 560	Feet From The West	
Line of Section 25	Township 7 S	Range 32 E	, NMPM, Roosevelt		County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) None					
well produces oil or liquids, e location of tanks.	Unit E	Sec. 25	Twp. 7 S	Rge. 32 E	Is gas actually connected? No	When

is production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff	Res'tv.
Designate Type of Completion - (X)		X		X						
Spudded 7/10/68	Date Compl. Ready to Prod. 7/21/68	Total Depth 4500		P.B.T.D. 4484						
ations (DF, RKB, RT, GR, etc.) 4443.5 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4153		Tubing Depth 4107						
ations 4153-4454				Depth Casing Shoe 4490						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	334	225
7 7/8	5 1/2	4490	650
	2 3/8	4107	

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)

st New Oil Run To Tanks 7/20/68	Date of Test 7/21-22/68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Test 14 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
od. During Test 27	Oil-Bbls. 60	Water-Bbls. 167	Gas-MCF 65

L			
1. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
hod (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

STATE OF COMPLIANCE

ify that the rules and regulations of the Oil Conservation
have been complied with and that the information given
s and complete to the best of my knowledge and belief.

A. L. Smith
(Signature)

Agent

(Title)

7/22/68

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY **John W. Runyan**

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.