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U.S.G.S.	
ND 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

Operator
Taylor Pruitt

Address
c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico 88240

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE				NM-0533777 A	
Lease Name	Well No.	Pool Name, including Formation	State of Lease	Lease No.	
Humble Federal	5	Chaveroo San Andres	State, Federal or Fee Federal	Above	
Location					
Unit Letter	B	660	Feet From The North	Line and 1940	Feet From The East
Line of Section	26	Township 7 S	Range 32 E	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)			
Mobil Pipe Line Company		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					
Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas and when
	E	26	7S	32E	No

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X		X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
8/22/68	9/4/68	4500		4488				
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Entry		Tubing Depth				
4451.5 GR	San Andres	4086		4454				
Perforations				Depth Casing Shoe				
4086-4455				4500				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	351	225
7 7/8	5 1/2	4500	650
	2 3/8	4454	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9/4/68	9/11-12/68	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hour	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
219	45	174	79

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate-MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
Agent		BY _____	
TITLE		TITLE _____	
9/13/68		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, name of transporter, or other such change of condition.	