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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

JUL 22 9 49 AM '68

I. Operator **Taylor Pruitt**

Address **e/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 _____

1. DESCRIPTION OF WELL AND LEASE

NM-0533777A

Lease Name Humble Federal	Well No. 7	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location Unit Letter D ; 660 Feet From The North Line and 660 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"/> Mobil Pipe Line Company	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)
If well produces oil or liquids, give location of tanks.	Unit E 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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'ty.	<input type="checkbox"/> Diff. Res'ty.
Date Spudded 7/1/68	Date Compl. Ready to Prod. 7/20/68		Total Depth 4500		P.B.T.D. 4485			
Levations (DF, RKB, RT, GR, etc.) 4441.3 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4327		Tubing Depth 4469			
Perforations 4327-4464					Depth Casing Shoe 4497			

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	4497	650
	2 3/8	4469	

TEST DATA AND REQUEST FOR ALLOWABLE WELL (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)

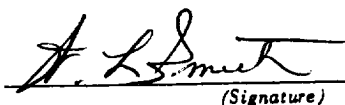
First New Oil Run To Tanks 7/19/68	Date of Test 7/21-22/68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Oil Prod. During Test 239	Oil-Bbls. 59	Water-Bbls. 180	Gas-MCF 58

WELL

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

DECLARATION OF COMPLIANCE

I 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.


(Signature)

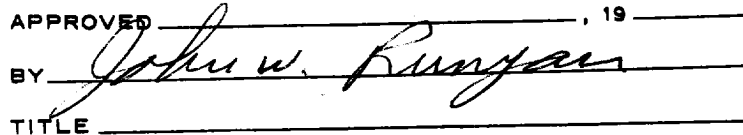
Agent

(Title)

7/22/68

(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 allowables 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.