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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

| | |
|--|---|
| 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 _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------------|----------------------|--|---|---------------------------|
| Lease Name Tucker-Hall | Well No. 5 | Pool Name, Including Formation Chaveree San Andres | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location | | | | |
| Unit Letter A | 660 | Feet From The North | Line and 660 | Feet From The East |
| Line of Section 25 | Township 7 S | Range 32 E | , NMPM, Roosevelt County | |

III. 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 Co. | 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 | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | J | 25 | 7 | 32 | No | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--|--|--------------------------------|--|----------|--------------|-----------|-------------|--------------|
| Designate Type of Completion -- (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 12/30/68 | Date Compl. Ready to Prod. 1/18/69 | Total Depth 4500 | P.B.T.D. 4479 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4442.1 KB | Name of Producing Formation San Andres | Top Oil/Gas Pay 4103 | Tubing Depth 4446 | | | | | |
| Perforations 4103-4430 | Depth Casing Shoe 4499 | | | | | | | |
| 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 | | 4499 | | 200 | | | |
| | 2 3/8 | | 4446 | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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)

| | | | |
|---|-----------------------------------|--|------------------------|
| Date First New Oil Run To Tanks 1/16/69 | Date of Test 1/27-28/69 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test 193 | Oil-Bbls. 45 | Water-Bbls. 148 | Gas-MCF 33 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 |

VI. CERTIFICATE OF COMPLIANCE

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.

A. L. Smith
(Signature)

Agent

(Title)

1/30/69

(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.