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| FILE | | |
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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

I. 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 ☒ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Atlantic Tusher** Well No. **2** Pool Name, Including Formation **Chaveroo-San Andres R-3389** Kind of Lease **Fee** Lease No.

Location
Unit Letter **M** **660** Feet From The **South** Line and **660** Feet From The **West**

Line of Section **24** Township **7 S** Range **32 E**, NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Seurlock Oil Company Address (Give address to which approved copy of this form is to be sent)
414 Mid American Bldg., Midland, Texas

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None 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 **N** Sec. **24** 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:

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 Restv. | Diff. Restv. |
| Date Spudded 1/19/68 | Date Compl. Ready to Prod. 2/6/68 | Total Depth 4460 | P.B.T.D. 4444 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4438.3 GR | Name of Producing Formation San Andres | Top Oil/Gas Pay 4136 | Tubing Depth 4398 | | | | | |
| Perforations 4136-4420 | Depth Casing Shoe 4460 | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|---------------|----------------------|-------------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4 | 8 5/8 | 335 | 225 |
| 7 7/8 | 5 1/2 | 4460 | 500 |
| | 2 3/8 | 4398 | |

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 2/4/68 | Date of Test 2/10/68 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure --- | Casing Pressure --- | Choke Size --- |
| Actual Prod. During Test 193 | Oil-Bbls. 58 | Water-Bbls. 135 | Gas-MCF 44 |

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.

Norma Hollis
(Signature)

Agent

(Title)

February 12, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 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.