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TRANSPORTER	OIL	1	1
	GAS	1	1
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SANTA FE / FILE / U.S.G.S.	REQUES	CONSERVATION COMMISSION TOR ALLOWABLE AND RANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
I PRORATION OFFICE  Operator  Operator  Operator	5 - NMOCC 1 - File		·
Tidewater Oil Comp	any		
Box 249, Hobbs, Ne	w Mexico		
Reason(s) for filing (Check proper bo	(x)	Other (Please explain)	
New Well  Recompletion  Change in Ownership		Gas EFFECTIVE MA	ARCH 1, 1967
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE		
Garrett-Federal Co	m. 1	Basin Dakota	Kind of Lease State, Federal or Fee Fed.
		Line and Feet F	rom The <b>E</b>
Line of Section 12 , To	ownship <b>29N</b> Range	11W , NMPM,	San Juan County
III. DESIGNATION OF TRANSPOR			pproved copy of this form is to be sent)
THE PERMIAN CORPOR Name of Authorized Transporter of Co El Paso Natural Ga	asinghead Gas 🔲 💮 or Dry Gas 🍱	P. O. BOX 3119, MI Address (Give address to which a Box 990, Farmingto	pproved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	E 24 29N 11W		1961
IV. COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deeper	Plug Back   Same Resty.   Diff, Resty
Designate Type of Completi			I I I I I I I I I I I I I I I I I I I
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FOR WELL		e after recovery of total volume of load depth or be for full 24 hours)	oil and must be equal to or exceed top allow.
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow nump, go	as lift, etc.)
Length of Test	Tubing Pressure	Casing Preser	Choke Size
Actual Prod. During Test	Cil-Bbls.	Water-Bbls. = FB 27 1967	Gas-MCF
		OIL COM CO	A./
GAS WELL Actual Prod. Test-MCF/D	I much of Took	Bbls. Condensate/MMCF	
Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIAN	NCE	OIL CONSER	RVATION COMMISSION
Commission have been complied	regulations of the Oil Conservatio with and that the information give he best of my knowledge and belief	APPROVED FEB 2	by Emery C. Arnold
Original	Signed By	TITLE SUPERV	
C. L. WADE		If this is a request for a well, this form must be acco	llowable for a newly drilled or deepened mpanied by a tabulation of the deviation
Area Supt.		tests taken on the well in a  All sections of this form	ccordance with RULE 111.  n must be filled out completely for allow-
2 <b>-20-</b> 67	Citle)	able on new and recompleted	i wells.  III. and VI only for changes of owner.

(Date)

Fill out Sections I, II, III, and VI only 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.