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TRANSPORTER	OIL /
	GAS
OPERATOR	/
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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

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AUG 15 1977

I. Operator **BEARING SERVICE & SUPPLY CO., INC.** **O.C.C.**  
Address **P.O. BOX 100, ARTESIA, NEW MEXICO 88210** **ARTESIA, OFFICE**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of: Wrong unit letter shown on original C-104.  
Recompletion ☐ Oil ☐ Dry Gas ☐ This is to correct location of well & tank  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Battery to unit letter "N"

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Daughterity** Well No. **4** Pool Name, Including Formation **Daughterity-San Andres** Kind of Lease **XXXX Federal XXXXX** Lease No. **LC-057674 (A)**  
Location  
Unit Letter **N** ; **1672** Feet From The **FWL** Line and **1051** Feet From The **FSL**  
Line of Section **3** Township **17-S** Range **27-E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
**Navajo Crude Oil Purchasing Co.** **Box 175, Artesia, New Mexico 88210**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
**None**  
If well produces oil or liquids, give location of tanks. Unit **N** Sec. **3** Twp. **17-S** Rge. **27-E** 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) **Re-Entry**  
Date Spudded **12-7-76** Date Compl. Ready to Prod. **3-23-77** Total Depth **(OD 2061) 2089** P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) **GR-3494** Name of Producing Formation **San Andres** Top Oil/Gas Pay **1988** Tubing Depth **1975**  
Perforations **2 shots per ft.: 1988-90-96-97-2006-07-10-12-14-16-26 2027-29-32-34-48-50-52-54:** Depth Casing Shoe **2089**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**9 3/4" old hole** **7" (old pipe in well)** **1041 ft.** **unknown**  
**6 1/4"** **4 1/2" 9.5# J-55 New** **2089 ft.** **175 sacks**  
**2 3/8" 4.7# J-55** **1975 ft.**

V. 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)  
OIL WELL  
Date First New Oil Run To Tanks **3-23-77** Date of Test **4-4-77** Producing Method (Flow, pump, gas lift, etc.) **Pump**  
Length of Test **24 hrs.** Tubing Pressure **-0-** Casing Pressure **-0-** Choke Size  
Actual Prod. During Test **28 Bbls** Oil-Bbls. **26** Water-Bbls. **2** Gas-MCF **TSTM**

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bble. 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.  
**L. B. Fletcher**  
AGENT (Signature)  
**8-12-77** (Title)  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **AUG 15 1977**  
BY **W. A. Gressett** 19  
TITLE **SUPERVISOR, DISTRICT II**  
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.