	DISTRIBUTION SANTA FE FILE		REQUEST	CONSERVATION COM. SION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	LAND OFFICE IRANSPORTER OIL I GAS OPERATOR PROFATION OFFICE	AU	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
•	Operator Garrett Energy, Inc.				APR 1 0 1980	
	Address P.O. Box 798, Artesia, New Mexico 88210				O. C. D.	
	Reason(s) for filing (Check proper b New Well	ox)	ge in Transporter of:	Other (Please explain)	ARTESIA, OFFICE	
	Recompletion Change in Ownership					
	If change of ownership give name and address of previous owner <u>Allen Garrett, P.O. Box 798, Artesia, New Mexico</u> 88210					
11	DESCRIPTION OF WELL AND LEASE					
	Lease Name Xell No. Pool-Name, Including Formation Kind of Lease Lease No. Daugherity #1 Daugherity San Andres State, Federal or Fee Federal LQ-057674 (a Location <					
	Unit Letter B; 33	Unit Letter B ; 330 Feet From The North Line and 2310 Feet From The East				
÷	Line of Section 10 T	ownship 17	South [®] Range 27	7 East , NMPM,	Eddy County	
111		ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
-	Navajo Crude Oil Purchasing Company			P.O. Box 798. Artesia.	NM 88210	
•	Phillips Petroleum Co		s 🚹 of Dry Gas 🛄	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74004		
	If well produces oil or liquids,UnitSec.Twp.P.ge.give location of tarks.B101727			Is gas actually connected? Wi Yes.	May 1978	
IV	If this production is commingled w. COMPLETION DATA	vith that from	any other lease or pool,	give commingling order number:		
	Designate Type of Completion - (X)			New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded Date Compl. Ready to Prod.			Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Formation	Top O!1/Gas Pay	Tubing Depth	
	Perforations			·	Depth Casing Shoe	
			TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			SACKS CEMENT	
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 allow- able for this depth or be for full 24 hours)					
	Date First New Cil Run To Tanks Date of Test			Producing Method (Flow, pump, gas li	(i, eic.)	
	Length of Test	Tubing Pre	seure	Casing Pressure	Choke Size D	
	Actual Prod. During Test	Oll-Bbis.		Water - Bble.	Gas+MCF	
	CAS WELL			L	J	
	GAS WELL Actual Prod. Test-MCF/D	Length of 7		Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Fre	seue (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.		OIL CONSERVATION COMMISSION			
			APPROVED U. Q. Sresett			
	Letter in the the complete to the cost of his known offer his other			TITLE SUPERVISOR DISTRICT 1		
	Operator (Tiule)			This form is to be filed in compliance with RULE 1104. If this is a request for sliowable for a newly drilled or despend 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 allow- able on new and recompleted wells.		
		9, 1980. 		Fift 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.		