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U.S.G.S.		
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 Allen Garrett ✓	
Address P.O. Box 798, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>3-10-80</u> UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED <i>Op. 2-268</i>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

Lease Name Leon State		Well No. 1	Pool Name, Including Formation <i>Wildcat</i> San Andres	Kind of Lease State, Federal or Fee	State	Lease No. L-3754
Location						
Unit Letter	A	660	Feet From The	North	Line and	660
Line of Section		32	Township	16S	Range	27E
					NMPM,	Eddy
						County

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)	
Navajo Refining Company		N. Freeman, Artesia, New Mexico 88210	
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 A	Sec. 32	Twp. 16
			Rge. 27
			Is gas actually connected? No.
			When

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 11/2/79	Date Compl. Ready to Prod. 1/9/80	Total Depth 1950'		P.B.T.D. 1869'					
Elevations (DF, RKB, RT, GR, etc.) 3430.9 GL	Name of Producing Formation San Andres	Top Oil/Gas Pay 1750'		Tubing Depth 1818'					
Perforations 1774', 1784', 1790', 1793', 1805', 1811', 1814', 1823', 1837', 1849', 1855', 1881' 1900'		1828'		Depth Casing Shoe 1951'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12"	10 3/4"		102'		50 Sxs.				
10"	7"		1150'		200 Sxs.				
6 3/4"	4 1/2"		1950'		135 Sxs.				

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 1/10/80	Date of Test 1/11/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure N/A	Casing Pressure 25#	Choke Size N/A
Actual Prod. During Test 32 bbls.	Oil - Bbls. 30 bbls.	Water - Bbls. 2 bbls.	Gas - MCF TSTM

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		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>JAN 31 1980</u> , 19	
		BY <u>W. A. Gressett</u>	
		TITLE <u>SUPERVISOR, DISTRICT II</u>	
(Signature) Operator (Title) January 29, 1980 (Date)		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.	