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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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
5-NMOCC - Artesia  
1-W.L. Boone - Houston  
1 - R. J. Starrak - Midland  
1-File

JAN 3 1973

O. C. C.

ADMIN. OFFICE

Operator GETTY OIL COMPANY	
Address P. O. BOX 249, HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Designate
Recompletion <input type="checkbox"/>	Change in Transporter of:
Change in Ownership <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE "BE"	Well No. 1	Pool Name, Including Formation GRAYBURG-JACKSON	Kind of Lease State, Federal or Fee STATE	Lease No. B-1565
Location				
Unit Letter B	990	Feet From The NORTH	Line and 2310	Feet From The EAST
Line of Section 16	Township 17-S	Range 30-E	NMPM, EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3119, MIDLAND, TEXAS 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CONTINENTAL OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1206, MALJAMAR, N.M. 88264			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 16	Twp. 17S	Rge. 30-E
Is gas actually connected?	YES		When NOVEMBER 21, 1972	

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	Gas Well	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 Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

C.L. Wade  
(Signature)  
C.L. Wade, AREA SUPERINTENDENT

JANUARY 2, 1973

(Title)

(Date)

WLG/bh

OIL CONSERVATION COMMISSION

APPROVED JAN 3 1973  
BY W. A. Gressett  
TITLE OIL AND GAS INSPECTOR

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.