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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

Operator Getty Oil Company

Address P. O. Box 249, Hobbs, New Mexico 88340

Reason(s) for filing (check proper box)

| | | | | | |
|---------------------|--------------------------|---------------------------|--------------------------|------------|--------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | <input type="checkbox"/> | Dry Gas | <input type="checkbox"/> |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | Condensate | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-55

If change of ownership give name and address of previous owner Midwater Oil Company, Box 249, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------|-----------|--|-------------------|--------------|
| Lease Name | Unit | Well No., Well Name, Including Formation | State | Lease |
| <u>East Durant</u> | <u>27</u> | <u>Durant Queen</u> | <u>New Mexico</u> | <u>B2330</u> |
| Location | <u>B</u> | <u>660</u> | <u>North</u> | <u>1980</u> |
| Unit Letter | <u>9</u> | <u>19S</u> | <u>37E</u> | <u>Lea</u> |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| 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) |
| <u>Texas New Mexico Pipeline Co.</u> | <u>Box 1430, El Paso, Texas</u> |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Phillips Petroleum Co.</u> | <u>Phillips, El Paso, Texas</u> |
| If well produces oil or liquids, give location of tanks. | Is gas actually transported? <input checked="" type="checkbox"/> |
| Unit <u>A</u> Sec. <u>9</u> Twp. <u>19</u> Rge. <u>37</u> | |

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 | Low Well | Water | Other | Top of Well | Same as Test |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | | | |
| Elevations (H.F., R.B.B., R.F., G.R., etc.) | Name of Producing Formation | Top Oil/Gas Flow | | | | | |
| Perforations | | | | | | | |
| 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 test oil and must be equal to or exceed top of well 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 | Testing Pressure | Casing Pressure |
| Actual Prod. During Test | Gas-Bbls. | Water-Bbls. |

GAS WELL

| | | | |
|------------------------------------|----------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF/D | Gravity of Condensate |
| Testing Method (pilot, back prod.) | Testing 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.

P. J. Hilde
(Signature)
P. J. Hilde
(Title)
1955
(Date)

OIL CONSERVATION COMMISSION
APPROVED 1955
BY [Signature]
TITLE Commissioner

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or decommissioned well, this form must be accompanied by a tabulation of the test data taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter or other such change of data.
Separate Forms C-104 must be filed for each pool in recompleted wells.

| | |
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3-11500 MEXICO OIL CONSERVATION COMMISSION
1-File

HOBBS, N.M. 88240
JUN 16 9 50 PM '67
Superseded by Old C-102 and C-103 Effective 1-1-65

5. Indicate Type of Lease
State ☐ Fee ☐
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

| | |
|--|------------------------------|
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- | 7. Unit Agreement Name |
| 2. Name of Operator Tidewater Oil Company | 8. State of Lease |
| 3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240 | 9. Well No. |
| 4. Location of Well UNIT LETTER B , 660 FEET FROM THE North LINE AND 18 1980 FEET FROM THE East LINE, SECTION 9 TOWNSHIP 19S RANGE 37E NMPM. | 10. Kind of Well, or Wildcat |
| 15. Elevation (Show whether DF, RT, GR, etc.) | 16. County |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

| | |
|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|---|---|
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | X |
| OTHER <input type="checkbox"/> | |

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well shut in pending development of water flood.

THE COMMISSION MUST BE NOTIFIED
EVERY 6 MONTHS ON FORM C-103
ALSO THE OPERATOR MUST FILE
THIS FORM FOR THIS WELL

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Original Signed By

Area Superintendent

6-16-67

SIGNED **C. L. WADE**

TITLE

DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: