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Form OCS-1
Supersedes OCS-104 and OCS-110
Effective 1-1-65

REGISTRATION AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSFER OF
OIL
GAS
OPERATOR
PRODUCTION OFFICE

TXOCC-Hobbs, N. M.
Midland
P.O. Box 249

Operator

GETTY OIL COMPANY

Address

P. O. Box 249, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

Reclassified as a gas well
effective May 1, 1972

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name EAST EUMONT UNIT	Well No. 67	Pool Name, Including Formation EUMONT GAS	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>19-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> TEXAS-NEW MEXICO PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETR. CORP.	Address (Give address to which approved copy of this form is to be sent) MONUMENT, NEW MEXICO			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 28	Twp. 19-S	Rge. 37-E
Is gas actually connected?		When Yes <u>Sept. 7, 1965</u> 1965		

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.

Original Signed By
C. L. Wade

(Signature)

AREA SUPERINTENDENT

(Title)

April 25, 1972

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 27 1972 19

BY Orig. Signed by

Joe D. Ramey

TITLE Dist. I, Supv.

This form is to be used in compliance with RULE 34.

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.

RECEIVED

APR 26 1972

OIL CONSERVATION COMM.
HOBBS, N. M.