

DISTRIBUTION
 SANTA FE
 TITLE
 U.S. GEOLOGICAL SURVEY
 LAND OFFICE
 OPERATIONS
 PROGRAM NUMBER

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

STATE OF NEW MEXICO
 DEPARTMENT OF MINES AND METALS

Getch Oil Company

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

Name of well: _____
 Location: _____
 County: _____
 State: _____

Name of operator: _____
 and address: _____

I. DESCRIPTION OF WELL AND LAND

East Monument Unit 015	Monument Queen	State	NEW MEXICO
7	South	Line 1st	1980
2	206	379	19

II. DESIGNATION OF TRANSPORT OF OIL AND NATURAL GAS THROUGH WELL

If well is producing oil, gas, or other hydrocarbon, give composition: _____
 If well is producing water, give composition: _____
 If this product is a petroleum product, give composition: _____

V. COMPLETION DATA

Designate type of completion: _____
 Tubing, casing, and cementing details: _____
 Casing & tubing size: _____
 Depth: _____
 Sack cement: _____

V. TEST DATA AND REQUEST FOR ALLOWABLE

Text must be after recovery of initial flow: _____
 Oil well: _____
 Gas well: _____
 Producing well: _____
 Casing pressure: _____
 Water level: _____
 Shut-in: _____
 Casing pressure (shut-in): _____

VI. CERTIFICATION OF APPLICANT

I hereby certify that the above information of the Oil Conservation Commission has been prepared in good faith and that the information given above is true and correct to the best of my knowledge and belief.

 Area Superintendent
 Sept. 30, 1967

APPROVED: _____ 19____
 BY: _____
 TITLE: _____
 This form is to be filled out with O.C.C. Form 1004.
 If this is a newly drilled or deepened well, this form must be filled out with a tabulation of the O.C.C. Form 1004 with O.C.C. Form 1005.
 All sections of the well must be filled out completely.
 Fill out only one form for each well name and location. Do not use Form VI for changes in well name or location. Use Form VII for a change of location.
 Separate forms must be filled out for each pool in a multi-completed well.

**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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator **Getty Oil Company**

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name East Emont Unit 915	Well No. 915	Pool Name, including Formation Emont Queen	Kind of Lease State, Federal or Fee State	Lease No. NM10105-H
Location				
Unit Letter K	1980 Feet From The South Line and 1980 Feet From The West			
Line of Section 2	Township 20S	Range 37E , NMPM,	Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS INJECTION WELL

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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 Sec. Twp. Rge. Is gas actually connected? When

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

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

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

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.

O.A. Wade
(Signature)
Area Superintendent
(Title)
Sept. 30, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY J. L. Ramey

TITLE _____

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.