

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-NMOCC-HOBBS
9-COPIES

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

Operator
GETTY OIL COMPANY

Address
P. O. BOX 730, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	RECLASSIFIED FROM OIL TO GAS WELL. EFFECTIVE JANUARY 1, 1980	
Recompletion ☐	Casinghead Gas ☐ Condensate ☐		
Change in Ownership ☐			

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. J. SARKEYS	Well No. 4	Pool Name, including Formation TUBB (OIL & GAS)	Kind of Lease State Fee Fee FEE	Lease No. ----
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Location
Unit Letter **F** ; **1980** Feet From The **NORTH** Line and **1980** Feet From The **WEST**

Line of Section **26** Township **21-S** Range **37-E** , N.M.P.M. **LEA** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ TEXAS NEW MEXICO PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1510, MIDLAND, TEXAS 79701	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ GETTY OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1137, EUNICE, NEW MEXICO 88231	

If well produces oil or liquids, give location of tanks.	Unit C	Sec. 26	Twp. 21	Rge. 37	Is gas actually connected? YES	When 10-15-75 2/14/80
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If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Res't.	Diff. Res't.
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

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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.

Herman Terry: *Herman Terry*
(Signature)

AREA ENGINEER
(Title)

NOVEMBER 21, 1979
(Date)

BH

OIL CONSERVATION COMMISSION

APPROVED **FEB 16 1980**, 19____

BY **Jerry Senter**
Dist 1, Supv.

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 deviator 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