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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-101 and C-1
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
0+4-NMOCC-Hobbs 1-EB, ENGR.
1-R.J. STARRAK-TULSA 1-HCL, FOREMAN
1-A.B. CARY-MIDLAND 1-BH
10-WIO's 1-FILE
1-Energy Resources Board, & NMOCC, Box 2088, Santa Fe, NM 87501

Operator
Getty Oil Company

Address
P. O. Box 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Myers Langlie Mattix Unit	Well No. 92	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Nebraska	Lease No. B-13
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>23-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 ☒ or Condensate ☐ 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 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 5
	Twp. 24S	Rge. 37E
	Is gas actually connected? Yes	
	When 8-14-78	

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 6-20-78	Date Compl. Ready to Prod. 8-14-78		Total Depth 3756'		P.B.T.D. 3704'			
Elevations (DF, RKB, RT, GR, etc.) 3294 GL	Name of Producing Formation Queen		Top Oil/Gas Pay 3429		Tubing Depth 3565			
Perforations 3429, 36, 40, 45, 52, 62, 68, 75, 86, 94, 3545, 61, 76, & 88 = 14 (.47"holes)					Depth Casing Shoe 3429			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		510'		350 sxs. cmt. circ.			
7 7/8"	5 1/2"		3756'		950 sxs. cmt. circ.			
	2 7/8"		3565					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 9-20-78	Date of Test 9-25-78	Producing Method (Flow, pump, gas lift, etc.) Pump 2 1/2 x 1 1/2 x 16	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 18	Oil - Bbls. 3	Water - Bbls. 15	Gas - MCF 20

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, 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.

William T. Thomas: William T. Thomas
(Signature)

Area Engineer
(Title)

October 13, 1978

OIL CONSERVATION COMMISSION

APPROVED Oct 18 1978, 19

BY [Signature]
TITLE SUPERVISOR DISTRICT 1

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 deviate tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allowable on new and recompletions.

Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of conditions.