

DISTRIBUTION
SANITARY
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
PRODUCTION OFFICE

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

5 - NMOC - Hobbs
 1 - File
 1 - Midland

Form C-104
 Superseded by OIL C-101 and C-102
 Effective 1-1-65

Operator **GETTY OIL COMPANY**

Address **P.O. BOX 730, Hobbs, NM 88240**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>			

If change of ownership give name and address of previous owner **Getty Reserve Oil, Inc., 312 HBF Bldg., Midland, TX 79701**
 This change effective **8/1/80**

DESCRIPTION OF WELL AND LEASE

Lease Name Cooper Jal Unit	Well No. 235	Pool Name, including Formation Jalmat	Kind of Lease State, Federal or Fee Federal	NM-0290 No. 0321613
Location				
Unit Letter M	660	Feet From The South	Line and 660	Feet From The West
Line of Section 18	Township 24-S	Range 37-E	NMPM,	Lea Count

WATER INJECTION WELL

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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. Pcc. 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	Surge Resrv.	Well Rev.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.		
Elevations (DF, RSB, RT, CR, 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 (Test must be after recovery of total volume of liquid 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	Lbbs. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Inch-in)	Casing Pressure (Inch-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.

[Signature]
 AREA SUPERINTENDENT
 (Date)
 September 22, 1980

OIL CONSERVATION COMMISSION

SEP 26 1980

APPROVED _____, 19____

BY **John Runyan**
 Geologist

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the depth tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and re-completed wells.