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| SANTA FE               |     |  |
| FILE                   |     |  |
| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

## 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-  
Effective 1-1-65

5-NMOCC

1-W.L. Boone - Houston

1-R.L. White - Midland

1-Hobbs - File

I.

Operator

GETTY OIL COMPANY

Address

P.O. BOX 249, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☒Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Request 5,000 Test Allowable to recover  
3,000 BLWIf change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

|                    |          |                                |                            |                    |
|--------------------|----------|--------------------------------|----------------------------|--------------------|
| Lease Name         | Well No. | Pool Name, Including Formation | Kind of Lease              | Lease No.          |
| A. B. Coates "C"   | 9        | Justis Blinebry                | State, Federal or Fee Fed. |                    |
| Location           |          |                                |                            |                    |
| Unit Letter J      | 1980     | Feet From The South            | Line and 1980              | Feet From The East |
| Line of Section 24 | Township | 25-S                           | Range 37-E                 | NMPM, Lea County   |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Texas New Mexico Pipe Line Company                                                                                       | Box 1510, Midland, Texas 77001                                           |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas                                                                                                      | Box 1384, Jal, New Mexico 88252                                          |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|                                                                                                                          | E 24 25-S 37-E YES                                                       |

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, 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 |          |        |           |             |              |
|                                      |                             |                 |              |          |        |           |             |              |
|                                      |                             |                 |              |          |        |           |             |              |
|                                      |                             |                 |              |          |        |           |             |              |

## 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 (pilot, 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.

C. L. Wade  
(Signature)  
C. L. Wade, AREA SUPERINTENDENT  
(Title)  
JUNE 19, 1974  
(Date)

WLG/bh

## OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Joe D. R. [Signature]  
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 allow-  
able 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.