

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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 <input type="checkbox"/>	<b>CONVERT FROM INJECTION TO PRODUCTION.</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

1. DESCRIPTION OF WELL AND LEASE

Lease Name <b>EAST EUMONT UNIT</b>	Well No. <b>25</b>	Pool Name, including Formation <b>EUMONT QUEEN</b>	Kind of Lease <del>XXXXXX</del> Fee	Lease No.
Location				
Unit Letter <b>M</b>	<b>660</b>	Feet From The <b>WEST</b>	Line and <b>660</b>	Feet From The <b>SOUTH</b>
Line of Section <b>3</b>	Township <b>19-S</b>	Range <b>37-E</b>	NMPM, <b>1EA</b>	County

2. 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)
<b>TEXAS-NEW MEXICO PIPELINE COMPANY</b>	<b>P.O. BOX 1384, JAL, N.M. 88252</b>
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)
<b>PHILLIPS PETROLEUM COMPANY</b>	<b>4001 PENBROOK, ODESSA, TEXAS 79762</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>M</b> Sec. <b>3</b> Twp. <b>19S</b> Rge. <b>37E</b>	<b>YES</b> <b>12-17-81</b>

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
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			

4. 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)

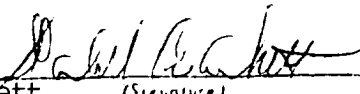
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

5. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Dale R. Crockett  
AREA SUPERINTENDENT  
FEBRUARY 18, 1982

OIL CONSERVATION DIVISION

APPROVED **FEB 21 1982**, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1904.  
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 conditions.  
Separate Form C-104 must be filed for each pool in multiple completed wells.