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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 OIL C-104 and C-105  
Effective 1-1-65

**I. OPERATOR**

Operator: Getty Oil Company

Address: P. O. Box 249, Hobbs, New Mexico 38211

Reason(s) for filing (Check proper box) (Other, Please explain)

New Well  Change in Transporter

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner: Elkhorn Oil Company, Box 249, Hobbs, New Mexico

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name	Unit	Well No.	Field Name, Including Formation	Kind of Lease	Lease No.
<u>Eastumont</u>	<u>13</u>	<u>Amount Queen</u>		State, Federal or Pen	<u>Fed NM02053</u>
Location	Unit Letter	Feet From The	Direction	Line and	Feet From The
	<u>A</u>	<u>660</u>	<u>North</u>	<u>660</u>	<u>East</u>
	Line of Section	Township	Range	Section	County
	<u>4</u>	<u>19S</u>	<u>37E</u>	<u>1ea</u>	<u>Deer</u>

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

Name of Authorized Transporter of Oil  or Condensate  Address: Texas New Mexico Pipeline Co., Box 1910, Midland, Texas

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address: Phillips Petroleum Co., Phillips Bldg., Ocala, Texas

If well produces oil or liquids, give location of tanks: A, 4, 19, 37 Is production commingled? 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	Replug	Refrack	Ream and Restack	Oil, Water
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Produced					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Res. Zone	Depth to Res. Zone					
Perforations			Depth to Case Gate					

**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/MCF	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. A. Wade  
(Signature)  
**Area Superintendent**  
(Title)  
September 30, 1967  
(Date)

OIL CONSERVATION COMMISSION

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

BY [Signature]

TITLE SUPPLEMENTARY STRICT

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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.