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

Form C-104
 Supersedes Old C-104 and 105
 Effective 1-1-55

Getty Oil Co.

Box 249, Hobbs, N. M.

Change in Transporter of:	Change in Transporter of:	Other Production
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	Springhead Gas <input type="checkbox"/>	

Change of ownership give name and address of previous owner: **Tidewater Oil Co., Box 249, Hobbs, N. M.**

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	State	County	State	Lease No.
East Fumont Unit	103	Fumont Queen				B-1167
Section	Foot From The	Line and	Foot From The	Section	Range	Lease
M 660	South	660	West			
Section	Township	Range	Section	Range	Section	Lease
36	19S	37E				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS INJECTION WELL

Name of Authorized Transporter of Springhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which this form is to be sent)
Name of Authorized Transporter of Springhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which this form is to be sent)
Well No. Section Township Range	Is gas actually produced?

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	Recompletion	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth				
Elevation (ft.)	Name of Producing Formation	Top Oil/Gas Pay				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE ON WELL

(Test must be after recovery of total volume of loss and must be equal to or exceed allowable for this depth or be for full 24 hours)

Date First Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Depth of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. (scf) - MCF	Length of Test	Bbls. Condensate (WCF)	Gravity of Condensate
Testing Method (pump, gas lift, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Wellbore 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.

[Signature]
 (Signature)

Area Supt.

Sept. 30, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

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