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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104  
Supersedes Old C-101 and C-1  
Effective 1-1-65

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOCC-HOBBS  
1-R.J. STARRAK-TULSA  
1-A.B. CARY-MIDLAND  
1-MYM, ENGR.

1-CM, FOREMAN  
1-FILE  
1-BH, FIELD CLERK

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"/>	
Recompletion <input checked="" type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>M. E. Laughlin</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Eunice Monument (GB-SA)</b>	Kind of Lease <b>XXXXXXXXXXXX Fee</b>	Lease No. <b>-</b>
Location Unit Letter <b>F</b> ; <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b>				
Line of Section <b>4</b> Township <b>20S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

III. 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Warren Petroleum Company</b>	<b>P. O. Box 67, Monument, NM 88265</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<b>Yes 10-7-78</b>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Res'v.	Diff. Res'v.
		<b>X</b>		<b>X</b>				
Date <del>Workover</del> <b>8-10-78</b>	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	<b>9-28-78</b>	<b>3905'</b>	<b>3905'</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>3570'</b>	<b>Grayburg</b>	<b>3496'</b>	<b>3443'</b>					
Perforations <b>3496, 98, 3503, 06, 11, 14, 18, 23, 29, 36, 47, 51, 58, 61, 64, 69, 77, 82, 87, 90, 93, 95, 3612, 20, 39, 56, 71, 3706, &amp; 09 = 29 holes.</b>			Depth Casing Shoe					
			<b>3743'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>17</b>	<b>13</b>	<b>229</b>	<b>250</b>					
<b>12</b>	<b>9 5/8</b>	<b>1268</b>	<b>550</b>					
<b>8 3/4</b>	<b>7</b>	<b>3743</b>	<b>350</b>					

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.	Gun-MCF

GAS WELL.

Actual Prod. Test-MCF/D	Length of Test	Lbbs. Condensate/MMCF	Gravity of Condensate
<b>262</b>	<b>24 hrs.</b>		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<b>Flow Meter</b>	<b>80#</b>	<b>Pkr.</b>	<b>1/2"</b>

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.

ORIGINAL SIGNED BY  
**DALE R. CROCKETT**

**Dale R. Crockett:**  
(Signature)

**Area Superintendent**  
(Title)

**11-8-78**  
(Date)

OIL CONSERVATION COMMISSION

**NOV 13 1978**

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

BY **Jerry S. Linton**  
TITLE **SUPERVISOR DISTRICT**

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 deviated 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.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.