

Form C-104
Supersedes Old Form C-104
Effective 3-1-55

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

NO. OF COPIES RECEIVED _____
DISTRIBUTION _____
SANTA FE _____
FILE _____
U.S.G.O. _____
LAND OFFICE _____
TRANSPORTER _____
OPERATOR _____
PRODUCTION OFFICE _____

Operator: **Getty Oil Company**
Address: **P. O. Box 249, Hobbs, New Mexico 88240**
Reason for filing: New Well Change in Transporter of:
Reason for: Natural Gas Dry Gas Condensate
Change in: Name of Operator

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

DESCRIPTION OF WELL AND LEASE
Lease Name: **East Emont Unit 131 Emont Queen** State: **N.M.** Lease: **Lee**
Location: **1984** Section: **G** Foot From The **North** Line and **1980** East
Line of Section: **12** Township: **20S** Range: **37E** **Lea**

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
INJECTION WELL
Name of Authorized Transporter of Oil or Condensate: _____ Address: _____
Name of Authorized Transporter of Dry Gas: _____ Address: _____
If well is lined with casing: _____ Is it actually complete: _____
If well is lined with casing, give location of lining: _____

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

COMPLETION DATA
Designate Type of Completion: **(IV)**
Date Spudded: _____ Date Compl. Ready to Prod.: _____ Total Depth: _____
Elevations (D.P., B.P., F.P.) _____ Depth of Producing Formation: _____ Top Oil/Gas Layer: _____
Perforations: _____

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of fluid and must be equal to or greater than allowable for this depth or be for full 24 hours)
Date First New Well Put to Work: _____ Date of Test: _____ Producing Method: (Pump, pump, gas lift, etc.)
Length of Test: _____ Shut-in Pressure: _____ Casing Pressure: _____ Hole Size:
Actual Prod. During Test: _____ Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL
Actual Prod. Test - MCF: _____ Length of Test: _____ Bbls. Condensate/MCF: _____ Gravity of Condensate:
Testing Method (spot, flow, etc.): _____ Shut-in Pressure (shut-in): _____ Casing Pressure (shut-in): _____ Hole Size:

I. 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]
Area Supp. _____ Title: _____
Date: **Sept. 30, 1962**

OIL CONSERVATION COMMISSION

APPROVED: _____, 19____
BY: *[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 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 multiple completed wells.