

|                        |            |
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| DISTRIBUTION           |            |
| SANTA FE               |            |
| FILE                   |            |
| U.S.G.S.               |            |
| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PRODUCTION OFFICE      |            |
| Comments               |            |

## NEW MEXICO OIL CONSERVATION COMMISSION

## REQUEST FOR ALLOWABLE

AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-100

Supersedes Old C-101 and C-111

Effective 1-1-65

5-0CD

1-FILE

1-TUCO

1-R. J. STARRAK-TULSA

1-BH, FIELD CLK

1-LLANO

1-A. B. CARY-MIDLAND

1-BELCO

1-ST. OF NM COMM OF PUBLIC LANDS

1-CRM, FOREMAN

1-SOUTHLAND

P. O. Box 1148

1-PJB, ENGR.

1-MESA

Santa Fe, NM 87501

Getty Oil Company

P. O. Box 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change Lease Name

If change of ownership give name and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                    |          |                                |                                  |                      |
|--------------------|----------|--------------------------------|----------------------------------|----------------------|
| Lease Name         | Well No. | Pool Name, including Formation | Kind of Lease                    | Lease No.            |
| Getty 2 State Com. | 1        | Grama Ridge Morrow             | State, XXXXXXXXX State           | R-5729               |
| Location           |          |                                |                                  |                      |
| Unit Letter        | F        | 1980 Feet From The North       | Line and 1980 Feet From The West |                      |
| Line of Section    | 2        | Township 22S                   | Range 34E                        | N.M.P.M., Lea County |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |              |      |      |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------|------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |              |      |      |
| Permian Corporation                                                                                                      | P. O. Box 3119, Midland, Texas 79701                                     |              |      |      |
| 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) |              |      |      |
| Llano, Inc.                                                                                                              | P. O. Drawer 1320, Hobbs, NM 88240                                       |              |      |      |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit                                                                     | Sec.         | Twp. | Rge. |
|                                                                                                                          | F                                                                        | 2            | 22S  | 34E  |
| Is gas actually compressed?                                                                                              | Yes                                                                      | When 5-31-78 |      |      |

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

## COMPLETION DATA

|                                    |                             |          |                 |          |                   |           |             |             |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|-------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v. | Full Res'v. |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |             |             |
| Elevations (DF, RRP, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          | Testing Depth     |           |             |             |
| Perforations                       |                             |          |                 |          | Depth Casing Shoe |           |             |             |

## 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 load oil and must be equal to or exceed top oil able 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                  | Testing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-IPBls.       | Water-IPBls.                                  | GOR-MCF    |

## GAS WELL

|                                   |                           |                          |                       |
|-----------------------------------|---------------------------|--------------------------|-----------------------|
| Actual Prod. Test-MCFD            | Length of Test            | IPBls. Condensate/MCF    | Gravity of Condensate |
| Testing Method (Flow, Test, etc.) | Testing Pressure (psi-in) | Casing Pressure (psi-in) | Choke Size            |

## 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.

Dale R. Crockett

Area Superintendent

4-15-80

## OIL CONSERVATION COMMISSION

APR 17 1980

APPROVED

BY

TITLE

Orig. Signed By

Jerry Sexton

Dist 1, Supv.

This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the average test taken on the well to be completed with RULE 110.

All sections of this form must be filled out completely for allowable to be considered a completed well.

Fill out only Sections I, II, III, and VI for changes of ownership, lease, or operator, or transporter, or other such change of conditions.