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

Form O-104
Supersedes Old C-104 and C-110
Effective 1-1-55

I. Operator
 Operator: Getty Oil Company
 Address: P. O. Box 249, Hobbs, New Mexico 88240
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner: Tidewater Oil Company, P. O. Box 483, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>L. M. Buffington "B"</u>	Well No./Pool Name, including Formation <u>1 Justis Ellenburger</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u></u>
Location Unit Letter <u>M</u> <u>660</u> Feet From The <u>South</u> Line and <u>e 330</u> Feet From The <u>West</u>	Line of Section <u>19</u> Township <u>25S</u> Range <u>38E</u> <u>Loa</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 191, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1334, Dal., New Mexico</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>19</u> Twp. <u>25</u> Rge. <u>38</u>	Is gas naturally occurring? <u>Yes</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Refrack	Some Depth	Diff. Test
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Producing Depth	Perforations	Depth Casing Shoe			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top of Reservoir	Producing Depth					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH (FEET)	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 (Sels, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Casing 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

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 Sections I, II, III, and VI for changes of owner, well name, or completion status. Cover such change of condition.