

DISTRIBUTION
 HEAD OFFICE
 REGIONAL OFFICE
 COUNTY OFFICE
 FIELD OFFICE
 DISTRICT OFFICE
 LOCAL OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND

Form OCS-104
 Supersedes OCS-101 and OCS-102
 Effective 1-1-80

AUTHORITY TO TRANSPORT OIL AND NATURAL GAS

5-NMCCC-HOBBS
 1-R. J. STARRAK-TULSA
 1-A. E. CARY-MIDLAND
 1-ELB, ENGR.
 1-BH, FIELD CLK
 1-BB, OFC. TECH
 1-TEXACO, Box 723, Hobbs, NM 88240
 1-SOUTHLAND, 1100 Wall Towers West, Midland Texas 79701

Getty Oil Company

P. O. Box 730, Hobbs, NM 88240

(Check appropriate box) (Other (Please explain))
 New Well Change in Transporter of:
 Completion Oil Dry Gas
 Change in Completion Gas Condensate

If change of ownership, give name and address of present owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No. (List Name, including Formation)	Name of Lessee	Lease No.
Mexico J	26 Dollarhide Fusselman	xxxxxxx	B-9317
Location	Unit letter <u>M</u> <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u>		
Line of Section	Township	Range	County
32	24S	38E	NMCM Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Administrator, Supplier of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipe Line	P. o. Box 1510, Midland, TX 79702
Name of Administrator, Supplier of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, TX 79999
If well produces oil or Dry Gas, give location of tanks	Is gas actually connected? When
Unit <u>G</u> Sec. <u>5</u> Twp. <u>25S</u> Rge. <u>38E</u>	Yes 1-19-80

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Reopen <input type="checkbox"/> Plug Back <input type="checkbox"/> Sand Plug <input type="checkbox"/> Perf. <input type="checkbox"/>
Date Completed Ready to Prod.	Total Depth
12/4/79	8750'
Perforations (D, L, H, H, etc.)	True Depth
3139' GL	8628'
Perforations	Depth Casing Shoe
8532-8562'	8746'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	695	850
11	8 5/8	3948	1400
7 7/8	5 1/2	8746	1850

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of test oil and must be equal to or exceed top all able for this depth or be for full 14 hours)

Date First New Oil Produced	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
1/19/80	1/28/80	Pump
Length of Test	Testing Pressure	Casing Pressure
24 hrs.	-	-
Actual Oil Produced	Oil-Index	Water-Index
342	264	78
		Grain-Index
		75

Gravel	Length of Test	Initial Confined Pressure	Gravity of Condensate
Testing Method (Flow, etc.)	Testing Pressure (psia)	Casing Pressure (psia)	Flow Rate

I hereby certify that the actual operations of the Oil Conservation Commission have been complied with and that the information given above is true and correct to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION
FEB 1 1980
 APPROVED BY: *[Signature]*
 TITLE: SUPERVISOR DISTRICT 1

Dale R. Crockett: *[Signature]*
 Area Superintendent
 1-29-80

This form is to be filed in compliance with RULE 1104.
 If this form is prepared for all wells in a lease, the form shall be filed with the OCS-104 and the request for Allowable filed with the OCS-104.
 If this form is prepared for individual wells, the form shall be filed with the OCS-104.
 All wells of this type shall be filed out and completed by the well owner or operator on or before 1-1-80.
 Fill out only Sections I, II, III, and VI for changes of ownership or other information to be reported to OCS-104, such as change of ownership.