

SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
FILE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-11	
U.S.G.S.		AND		Effective 1-1-65	
LAND OFFICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER		5 - NMOC - Hobbs			
OIL		1 - File			
GAS		1 - Midland			
OPERATOR					
PROBATION OFFICE					
Operator					

GETTY OIL COMPANY	
Address	
P.O. BOX 730, Hobbs, NM 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	
Getty Reserve Oil, Inc., 312 HBF Bldg., Midland, TX 79701	
This change effective 8/1/80	

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Cooper Jal Unit	127	Langlie Mattix	State, Federal or Fee
Location			Fee
Unit Letter	H	1650 Feet From The North Line and 990 Feet From The East	
Line of Section	24	Township 24-S Range 36-E, NMPLM, Lea County	

WATER INJECTION WELL			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☐ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.
			Is gas actually connected? When

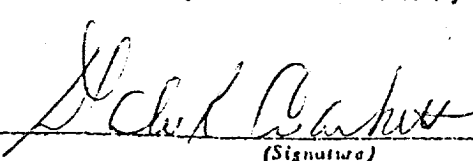
If this production is commingled with that from any other lease or pool, give commingling order number:			
COMPLETION DATA			
Designate Type of Completion - (X)			
	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing 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 (Test must be after recovery of total volume of lead 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.	Gua-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19 _____	
		Orig. Signed by	
		John Runyan	
		Geologist	
		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 portions 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.			


(Signature)

AREA SUPERINTENDENT

September 19, 1980
(Date)