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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes OIL C-101 and C-1
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5 NMOC D Hobbs 1 PS
1 Midland Admin. Unit 1 EF
1 File

Operator
Getty Oil Company

Address
P. O. Box 730, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name State AP	Well No. 2	Pool Name, including Formation Vacuum Abo Reef	Kind of Lease State, XXXXXXXXXX	Lease No. E-7653
Location Unit Letter <u>K</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>9</u> Township <u>18-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>8</u> Twp. <u>18S</u> Rge. <u>35E</u>	Is gas actually connected? <u>Yes</u> When <u>12-11-81</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-282

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Full Restv. <input type="checkbox"/>
Date Spudded 7-30-81	Date Compl. Ready to Prod. 12-11-81	Total Depth 9340'	P.B.T.D. 9078'					
Elevations (DF, RKB, RT, CR, etc.) 3937.7	Name of Producing Formation Vacuum Abo	Top Oil/Gas Pay 8984'	Tubing Depth 9057'					
Perforations 1SPF @ 8984-94, 9010-46, 9048-64 = 65 (.50") holes							Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15"	11 3/4"	310'	250 SXS					
11"	8 5/8"	3298'	1250 SXS					
7 7/8"	5 1/2"	9338'	2590 SXS					
	2 3/8" & 2 7/8"	9057'						

TEST DATA AND REQUEST FOR ALLOWABLE (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 12-12-81	Date of Test 12-16-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hour	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 276	Oil - Bbls. 144	Water - Bbls. 132	Gas - MCF 101

GAS WELL.

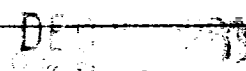
Actual Prod. Test - MCF/D	Length of Test	Lbbs. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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
12-17-81
(Date)

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 deviated 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.