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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Superseding OIL C-101 and C-102
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

0+4-NMOCD-Hobbs 1-File
1-L.R.Hall-Midland 1-BWI-MLMU
1-W.A. Frnka-Tulsa
1-JDM-Engr.

GETTY OIL COMPANY

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

Reason(s) for filing (Check proper box) Other (Please explain) Change name from Myers
 New Well Change in Transporter of: Langlie Mattix Unit, Well #230 to Myers
 Recompletion Oil Dry Gas Langlie Mattix Unit, Well #996.
 Change in Ownership Casinghead Gas Condensate

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Lease Name Myers Langlie Mattix Unit	Well No. 996	Pool Name, Including Formation Langlie Mattix	Kind of Lease State/Federal/Private	Lease No. NM-7488
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West	Line of Section 9	Township 24-S	Range 37-E	County Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 numbers:

COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input 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"/> Some Rest. Perf. Re-
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, R&D, 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 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 (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-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 here is true and complete to the best of my knowledge and belief.

Dale R. Crockett
Dale R. Crockett (Signature)
Area Superintendent

August 21, 1980

OIL CONSERVATION COMMISSION

AUG 22 1980

APPROVED _____, 19__

BY **Jerry Sexton**
Dist. 1, Supv.

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 calculation of the available tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells or new and re-completed wells.
 Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.

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AUG 22 1980

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