

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

Form C-104  
 Supersedes Old C-104 and C-104  
 Effective 1-1-65

DISTRIBUTION		
SANTA FE		
FILT		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator Doyle Hartman

Address Post Office Box 10426, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	Change to be effective September 1, 1984
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Sun Exploration and Production Company  
 P. O. Box 1861, Midland, Texas 79702

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Jack</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Jalmat (Gas) Tansill Yates Seven Rivers</b>	Kind of Lease State, Federal or Fee <b>Fed. NM-0321613</b>
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>24S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County			

**II. 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Company</b>	<b>Two Petroleum Center, North A at Wadley, Midland, TX 79705</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <b>Yes</b> When <b>Unknown</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**III. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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

**IV. 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 (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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-10)	Casing Pressure (Shot-10)	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.

Michelle Nemluc, for Larry Nemluc  
 (Signature)  
 \_\_\_\_\_  
 Engineer  
 (Title)  
September 7, 1984  
 (Date)

**OIL CONSERVATION COMMISSION**  
**SEP 14 1984**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY ORIGINAL SIGNED BY JERRY SEXTON  
 TITLE DISTRICT I SUPERVISOR

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.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form O-104  
Supersedes OIL C-101 and C-102  
Effective 1-1-65

U.S. DEPARTMENT OF THE INTERIOR	
BUREAU OF LAND MANAGEMENT	
OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
**Getty Oil Company**

Address  
**P. O. Box 1351, Midland, Texas 79702**

Reason(s) for filing (check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Re-completion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Skelly Oil Company merged with Getty Oil Company effective 1-31-77
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner: **Skelly Oil Company, P. O. Box 1351, Midland, Texas 79702**

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Myers Langlie-Mattix Unit</b>	Well No. Pool Name, including Permittion <b>214 Langlie-Mattix</b>	Kind of Lease State, <u>TX</u> or Fee <b>NM 032</b>	Lease No. <b>1613</b>
Location Unit Letter <b>E</b> ; <b>1980</b> Feet From The <b>NORTH</b> Line and <b>660</b> Feet From The <b>WEST</b>			
Line of Section <b>8</b>	Township <b>24s</b>	Range <b>37E</b>	County <b>Lea</b>

**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)
<b>None - Input</b>	
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)
<b>None</b>	
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	Some Resh.	Diff. Re.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevation (DF, RKB, KT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

**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 (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

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

(SIGNED) **LELAND FRANZ**

(Signature) **Leland Franz**

**Dist. 1st. Production Manager**

(Title)

**February 1, 1977**

(Date)

**OIL CONSERVATION COMMISSION**

**FEB 16 1977**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Jerry Sexton**  
Orig. Signed by

TITLE **Dist 1, Supv.**

This form is to be filed in compliance with RULE \_\_\_\_\_.  
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 re-completed 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.





BEFORE EXAMINER QUINTANA  
OIL CONSERVATION DIVISION  
Hartney, EXHIBIT NO. 10  
CASE NO. 8404