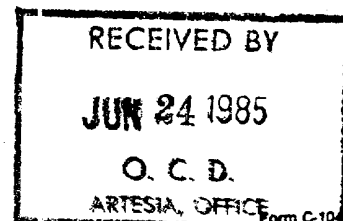


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	☐
LAND OFFICE	☐
TRANSPORTER	☐
OIL	☐
GAS	☒
OPERATOR	☒
PRODUCTION OFFICE	☐

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



Form C-10
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
TEXACO Producing Inc. ✓

Address
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	☒ Dry Gas	Other (Please explain) Change of Operator from Getty to TEXACO Producing Inc. 12/31/84
☐ Recompletion	☐ Oil	☐ Condensate	
☒ Change in Ownership	☐ Casinghead Gas		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Getty P.S. Federal	Well No. 1	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. NM-54989
Location				
Unit Letter <u>J</u>	<u>1675</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>			
Line of Section <u>8</u>	Township <u>6S</u>	Range <u>26E</u>	, NMPM, Chaves <u>Post ID-3</u> County	

III. 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)
Transwestern Pipeline Co.	P.O. Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge.	Yes June 5, 1985

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

W. B. L. L.
(Signature)
District Operations Manager
June 21, 1985
(Date)

OIL CONSERVATION DIVISION
JUN 26 1985

APPROVED _____, 19____

BY _____ Original Signed By
Les A. Clements
TITLE _____ Supervisor District II

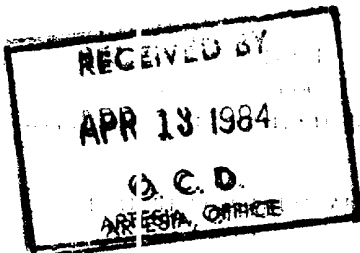
This form is to be filled in compliance with RULE 1104.

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 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 multiple completed wells.



0+6-NMOCD-Artesia
1-File
1-Engr PWS
1-Foreman-HS
1-Mr. J.A.-Midland
1-Laura Richardson-Midland
1-JA, 1-BB, 1-CP, 1-SH

Getty Oil Company ✓

P.O. Box 730, Hobbs, NM 88240

Assign(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

SHUT IN WAITING ON SALES LINE

If change of ownership give name and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Getty P.S. Federal	Well No. 1	Pool Name, Including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee	Lease No. NM-54989
Location Unit Letter <u>J</u> ; <u>1675</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>6S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> County				

2. 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)	
<u>Transwestern Pipelines</u>	<u>P.O. Box 2521 Houston TX 77252</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>1675</u>	<u>6S</u>
	Twp.	Age.
	<u>26E</u>	<u>6-5-85</u>

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐	Gas Well ☒	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Resv. ☐	Diff. Resv. ☐
Date Spudded 3/2/84	Date Compl. Ready to Prod. Shut in 3/26/84		Total Depth 4200'		P.B.T.D. 4115'			
Elevations (DF, H&B, RT, CR, etc.) 3678.6 GR 3679.1	Name of Producing Formation Pecos Slope Abo		Top Oil/Gas Pay 3757		Tubing Depth 3739'			
Perforations 3757-4024' (28 holes)					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	10 3/4"		883'		800 SXS			
7 7/8"	4 1/2"		4200'		1600 SXS			
	<u>2 3/8</u>		<u>3739</u>					

4. 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 <u>1105 462.8</u>	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

5. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Don Steiner Dale R. Crockett
(Signature)
Area Superintendent
(Title)
April 12, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 13 1985
BY Les A. Clements
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1101.
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 record.
Separate Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED BY

APR 13 1984

O. C. D.
ARTESIA, OFFICE046-NMOCD-Artesia
1-File
1-Engr PWS
1-Foreman-HS
1-Mr. J.A.-Midland
1-Laura Richardson-Midland
1-JA, 1-BB, 1-CP, 1-SH

Getty Oil Company ✓

P.O. Box 730, Hobbs, NM 88240

Designation for filing: (Check proper box)

Other (If lease expires)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

SHUT IN WAITING ON SALES LINE

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Getty P.S. Federal	1	Pecos Slope Abo	State, Federal or For	NM-54989
Location				
Unit Letter	J	1675 Feet From The	South Line and	1650 Feet From The
Line of Section	8	T. 43N. 6S	Range	26E, NMPM, Chaves County

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)
Transporters Pipeline Co.		Box 2521 Houston, Tx, 77252
If well produces oil or liquids, give location of tanks.	Unit	Sec.
		Twp.
		Rge.
		Is gas actually connected?
		No yes 6-5-85

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3/2/84	Shut in 3/26/84	4200'	4115'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3678.6 GR 3679.1	Pecos Slope Abo	3757	3739'					
Perforations			Depth Casing Shoe					
3757-4024' (28 holes)								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14 3/4"	10 3/4"	883'	800 SXS					
7 7/8"	4 1/2"	4200'	1600 SXS					
	2 3/8"	3739'						

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
HCP 4668			
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

P.W.S.
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Don Steiner Dale R. Crockett
(Signature)
Area Superintendent
(Title)
April 12, 1984
(Date)

OIL CONSERVATION DIVISION

JUN 13 1985

APPROVED _____, 12

Original Signed By

BY L. A. ClementsTITLE Supervisor District II

This form is to be filed in compliance with RULE 1101.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the deviated length 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 Form C-104 must be filed for each pool in multiple completed wells.

NEW MEXICO OIL CONSERVATION DIVISION

P. O. DRAWER "DD"

ARTESIA, NEW MEXICO 88210

RECEIVED BY

JUN 11 1985

O. C. D.
ARTESIA, OFFICE

c/sf

NOTICE OF GAS CONNECTION

DATE _____

This is to notify the Oil Conservation Division that connection for the purchase of gas from the Texaco, Inc.

Operator

Getty PS &
Lease

J
#1 (Unit Letter Unknown)
Well Unit

8-65-26E (Chaves Co.)
S.T.R.

Pecos Slope (Abo)
Pool

Transwestern
Name of Purchaser

was made on 6-5-85

Transwestern Pipeline Company
Company

Andrew K Berdy Andrew K. Berdy
Representative

Supervisor, Contract Administration
Title

cc: Operator

New Mexico Oil Conservation Commission
Oil & Gas Conservation Division
P. O. Box 2088
Santa Fe, NM 87501