NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11		
FILE / /		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	CAS RECEIVED
LAND OFFICE	ASTRONIZATION TO THE	THE SKI OLE AND HATOKAE	5A3
OIL /	3-NMOCC-ARTESIA		Control of the control
TRANSPORTER GAS	1-MR.E.H. SHULER-HO		SEP 7.6 1372
OPERATOR	1-MR.S.J. STARRAK-M	IDLAND	
PROBATION OFFICE	1-FILE		O. C. G.
Operator			ARTESIA, DEFINE
GETTY OIL COMPANY			
Address			
P.O. BOX 249, HOBBS, N	EW MEXICO 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:	CASINGHEAD	CAG Person
Recompletion	Oil Dry Go	FLARED ACTE	GAS MUST NOT BE
Change in Ownership	Casinghead Gas Conde		K //_ / / _ ¬ ¬ ~ ~ 1
		IS OBTAINED	XCEPTION TO Rule 306
If change of ownership give name and address of previous owner		-2 001A((P,()	
and address of provides and a			
II. DESCRIPTION OF WELL AND I	EASE		
Lease Name	Well No. Pool Name, Including F		
STATE "BK"	1 SHUGART	State, Feder	al or Fee EXXXX STATE
Location			
Unit Letter L ; 2310	Feet From The SOUTH Lin	ne and Feet From	The
		330	WEST
Line of Section 36 Tow	mship 18-S Range 30	, NMPM, EDDY	County
II. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	AS Address (Give address to which appro	de la constitución de la constit
Name of Authorized Transporter of Oil		Address (Give address to which appro	oved copy of this form is to be sent)
THE PERMIAN CORPORATION		BOX 3119, MIDIAND TEXT	S 79701
Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give agaress to which appro	oved copy of this form is to be sent/
		la l	nen
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	As soon as connection
give location of tanks.	L 36 18-S 30-E	NO ea	in be secured.
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion			
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded 8-18-72			
	9-14-72 Name of Producing Formation	Top Oil/Gas Pay	Tubing 20pts
Elevations (DF, RKB, RT, GR, etc.) 3510' G.R.	1		
Perforations	ATES 7-RIVERS QUEEN	23581	Depth Ghean Shoe
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	33041 841 400		
2358'-78', 2476'-88';	TURING CASING AN	D CEMENTING RECORD	3716'
1101 5 5175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
7-7/8"	8-5/8"	787	350 Sx.
7-1/8	5-1/2"	3716'	1060 Sx.
	2-3/8"	3215'	
V. TEST DATA AND REQUEST FO	OP ALLOWARIE (Tast must be	after recovery of total volume of load of	l and must be equal to or exceed top allow-
OIL WELL	able for this d	reput of he for just at moment	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
9-23-72	9-24-72	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	20#	20#	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
144	89	55 BLW	36
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
vi. Certificate of Complian			
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 bettif.		APPROVED SFP 2 7 1972 , 19	
		W. a. Grassett	
		TITLE GIL AND GAS INSI	PECTUR
ORIGINAL SIGN	rn ry.		compliance with RULE 1104.
C. L. Wa		se it to be a neguest for alle	owable for a newly drilled or despende
(Signature)		I while form must be accome	revied by a tabulation of the deviation
(Sign C.I., Wada-APPA CITE TAMENTS		tests taken on the well in acc	ordence 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.

C.L. Wade-AREA SUPERINTENDENT

SEPTEMBER 25, 1972

(Title)

(Date)