

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5 - NMOCC - Artesia

1 - W. L. BOONE

1 - R. L. WHITE

1 - FILE

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

SEP 11 1975

O. C. C.
ARTESIA OFFICE

GETTY OIL COMPANY ✓

P. O. BOX 249, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE "K" 6096 A	Well No. 1	Pool Name, including Formation UNDESIGNATED (MORROW)	Kind of Lease State, Federal or Fee STATE	Lease No. K 6096
Location				
Unit Letter N	1980	Feet From The WEST	660	Feet From The SOUTH
Line of Section 28	Township 19-S	Range 25-E	NMPL, EDDY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
PERMIAN CORPORATION	P. O. BOX 3119, MIDLAND, TEXAS 79701					
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)					
SOUTHERN UNION GAS COMPANY	P. O. BOX 1419, CARLSBAD, NEW MEXICO					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	28	19	25	YES	9-5-75

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'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 CEMENT RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS C.		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total well has been obtained and must be able for this depth to 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		Choke
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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

C.L. Wade:

C. L. Wade

(Signature)

AREA SUPERINTENDENT

(Title)

SEPTEMBER 10, 1975

(Date)

WLG/bh

OIL CONSERVATION COMMISSION

SEP 11 1975

APPROVED

BY

W. A. Gressett

TITLE

SUPERVISOR, DISTRICT II

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 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 pertinent information of condition.