

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

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

Form C-104
Supersedes Old C-101 and
Effective 1-1-65

RECEIVED

JAN 31 1980

O. C. D.
ARTESIA OFFICE

I. Operator
Getty Reserve Oil, Inc.
Address
312 HBF Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change effective 1-23-80

If change of ownership give name and address of previous owner
Reserve Oil, Inc., 312 HBF Building, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Western Reserves Fed.	Well No. 2	Pool Name, including Formation Avalon-Strawn	Kind of Lease Federal XMM, Federal CRRM NM 0514349A
Location Unit Letter ^{Lot 10} J ; 2932 Feet From The North Line and 1980 Feet From The East			
Line of Section 4 Township 21-S Range 26-E, NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 4
	Twp. 21	Rge. 26
	Is gas actually connected? Yes	
	When 5-7-75	

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	Stim Res'v.	Eff. R
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.		
Elevations (DF, RKB, 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		
						Posted 3-8-80		
						2-8		

V. 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 able 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 (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.

Clarence R. Chandler
(Signature)

Assistant District Manager

(Title)

January 30, 1980

(Date)

OIL CONSERVATION COMMISSION

FEB 4 1980

APPROVED _____, 19

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 deep well, this form must be accompanied by a tabulation of the well tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for a hole or new and reworked wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.