

OIL CONSERVATION DIVISION
P. O. BOX 730
SANTA FE, NEW MEXICO 87501

0+5-NMOC'D-Artesia
1-File
1-Engr. PWS
1-Foreman CK
1-BB, 1-BW, 1-JA, 1-CP
1-CB 4-WIO's
1-Laura Richardson-Midland

REQUEST FOR ALLOWABLE
AND
RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 14 1983

Getty Oil Company

O. C. D.

ARTESIA OFFICE

P.O. Box 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

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

Change of field name from Wildcat-Morrow to Cedar Canyon Morrow

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Malaga Harroun 6 Com	Well No. 1	Pool Name, Including Formation Cedar Canyon Morrow	Kind of Lease State, Federal or Fee Fee	Lease No. -
Location Unit Letter F : 1980 Feet From The North Line and 1880 Feet From The West				
Line of Section 6 Township 24S Range 29E, NMPM, Eddy 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)	
El Paso Natural Gas Company	P.O. Box 1384, Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 6
	Twp. 24S	Rge. 29E
	Is gas actually connected? Yes	
	When October 1, 1982	

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 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 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 (shut-in)	Casing Pressure (shut-in)	Choke Size

V. 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.

D.R. Crockett

Area Superintendent

March 10, 1983

OIL CONSERVATION DIVISION

APPROVED MAR 17 1983

Original Signed By

Leslie A. Clements

TITLE Supervisor Division 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 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 OCS-104 must be filed for each pool in multiple completed wells.