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O. C. D.
ARTESIA, OFFICED-6-NMOCD-Artesia
File

1-Engr. BDB

1-Foreman CK

1-Mr. J.A. - Midland

1-Laura Richardson-Midland

1-JA, 1-BB, 1-SH, 1-CP

Getty Oil Company

P.O. Box 730, Hobbs, New Mexico 88240

Reason(s) for filing (check proper box)

New Well ☐
Recompletion ☒
Change in Ownership ☐

Change in Transporter of:

Oil ☐Dry Gas ☐Casinghead Gas ☐Condensate ☐

Other (Please explain)

Plugged back to Atoka

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.
Malaga Harroun 6 Com	1	Malaga Wildcat Atoka	State, Federal or Fee Fee	
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		

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)					
El Paso Natural Gas Company	P.O. Box 1384, Jal, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	6	24S	29E	Yes	October 1, 1982

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		X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
3-27-84	2/25/84		12,300			12,195'		
Elevations (DF, RAB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
2953.7' G.L.	Atoka		12,144'			11,836'		
Perforations			Depth Casing Shoe					
12,144-50' (13 holes) 2 SPF								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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
1,100 MCF	24 hours	0	-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	6750		5/64"

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.

Dale R. Crockett

Area Superintendent

February 27, 1984

OIL CONSERVATION DIVISION

APPROVED MAR 0 1 1984

Original Signed By

BY Leslie A. Clements

Supervisor District II

TITLE

This form is to be filed in compliance with RULE 1154.

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 transportation, or other such change of conditions.

Separate Form C-104 must be filed for each pool in multiple-completed wells.