

RECEIVED BY
MAR 15 1984
OIL CONSERVATION DIVISION
ARTESIA, OFFICE

0+6-NMOCD-Artesia
1-File
1-Engr. Jim
1-Foreman CK
1-BB 1-CP
1-JA 1-SH
1-Mr. J.A.-Midland
1-Laura Richardson

Getty Oil Company
P.O. Box 730, Hobbs, NM 88240
Reason(s) for filing (check proper box)
New well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) Notice of Gas Connection

If change of ownership give name and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Salt Mountain 36 State	1	Brushy Draw Delaware	State, Federal or Free State	LG-8794
Location				
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West				
Line of Section 36 Township 26S Range 29E, NMPM, Eddy County				

3. 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)					
Getty Trading & Transport Inc.	P.O. Box 1142, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc.	P.O. Box 2197, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	36	26S	29E	Yes	2-21-84

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

4. 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, RAB, 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		

5. 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.)	
	March 11, 1984	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
14 bbls	14	132	28

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

6. 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.

Jim
Dale R. Crockett
(Signature)
Area Superintendent
(Title)
March 14, 1984
(Date)

OIL CONSERVATION DIVISION
APPROVED MAR 16 1984
BY Original Signed By
Leslie A. Clements
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 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 C-104 must be filed for each pool in multiple completed wells.