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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL /
GAS /
OPERATOR /
PRORATION OFFICE

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

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

I.

Getty Oil Company

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

Reason(s) for filing (Check proper box)
New Well
Change in Transporter of:
Oil
Dry Gas
Casinghead Gas
Condensate
Change in Ownership

If change of ownership give name and address of previous owner: Pubco Petroleum Corporation, P. O. Box 549, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Martin Federal Com.	1	Basin Dakota	Federal

Unit Letter	Feet From The	North/South Line	Feet From The	East/West Line
H	2310	North	990	East

Section	Township	Range	NMPM, County
13	24	11	San Juan

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X
The Permian Corp.
Address (Give address to which approved copy of this form is to be sent)
Box 3119, Midland, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas X
El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent)
Box 1384, Jal, New Mexico

If well produces oil or condensate, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	13	24	11	Yes	1961

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)

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

Oil Cons. Com.

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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 (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.

(Signature)
Area Production Manager
(Title)
September 30, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 9 1967, 19

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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 such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.