

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-101 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOCC	1-FILE	1-MESA
1-R. J. STAPRAK-TULSA	1-BH, FIELD CLERK	1-TUCO
1-A. B. CARY-MIDLAND	1-ENERGY RESOURCES BD.	1-LLANO
1-MYM, ENGR.	1-BELCO	1-ST. of NM COMM. of PUBLIC LANDS,
1-CRM, FOREMAN	1-SOUTHLAND	Santa Fe, NM

DISTRIBUTION	
HTA FE	
LE	
S.G.S.	
AND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Getty Oil Company

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	
Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Two State Com	Well No. 1	Pool Name, Including Formation Grama Ridge Morrow-R-6058	Kind of Lease State, Federal or Fee	State	Lease No. R-5729
Location Unit Letter F	1980 Feet From The North	Line and 1980	Feet From The South		
Line of Section <del>22</del> 2	Township 22S	Range 34E	NMPM, Lea		County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P. O. Box 3119, Midland, Texas 79701
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)
Llano, Inc.	P. O. Drawer 1320, Hobbs, N.M. 88240
If well produces oil or liquids, give location of tanks.	Unit F
	Sec. 2
	Twp. 22S
	Rge. 34E
	Is gas actually connected? When
	Yes 5-31-78

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gun-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, 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 Commission 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:

*Dale R. Crockett*  
(Signature)

Area Superintendent

(Title)

9-20-78

(Date)

OIL CONSERVATION COMMISSION

SEP 26 1978

APPROVED \_\_\_\_\_, 19

BY *John W. Newman*

TITLE Geologist

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.

NO. OF COPIES RECEIVED	
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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-101 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

- |                       |                                 |                    |
|-----------------------|---------------------------------|--------------------|
| 5-NMOCC               | 1-FILE                          | 1-MESA             |
| 1-R. J. STARRAK-TULSA | 1-BH, FIELD CLERK               | 1-TUCO             |
| 1-A. B. CARY-MIDLAND  | 1-ENERGY RESOURCES BD, SANTA FE | 1-LLANO            |
| 1-MYM, ENGR.          | 1-BELCO                         | 1-ST of NM COMM of |
| 1-CPM, FOREMAN        | 1-SOUTHLAND                     | PUBLIC LANDS,      |
|                       |                                 | SANTA, FE, NM      |

Operator  
**Getty Oil Company**

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

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Two State Com</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Undesignated</b>	Kind of Lease State, Federal or Fee	State <b>South</b>	Lease No. <b>LG-120</b>
Location Unit Letter <b>F</b>	<b>1980</b> Feet From The	<b>North</b> Line and	<b>1980</b> Feet From The	<b>South</b>	
Line of Section <b>12</b>	Township <b>22S</b>	Range <b>34E</b>	NMFM,	Lea	County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Permian Corporation.</b>	<b>P. O. Box 3119, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Tuco, Inc.</b>	<b>Star Route A Box 335, Hobbs, New Mexico 88240</b>
If well produces oil or liquids, give location of tanks.	Unit    Sec.    Twp.    Rge.    Is gas actually connected?    When
	<b>F    2    22S    34E    Yes    5/30/78</b>

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	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
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							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

**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 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 (prot, 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.

**Dale R. Crockett:** *[Signature]*  
Area Superintendent  
9-19-78

OIL CONSERVATION COMMISSION  
**SEP 21 1978**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Oris Sargent**  
**Jerry Beaton**  
**Dale L. Sargent**

TITLE \_\_\_\_\_

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 portions of this form must be filled out completely for allowable to be used in compliance with the rules.  
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

RECEIVED  
SEP 20 1978  
INFORMATION COMM,  
FBI, FLA.

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104  
Supersedes Old C-101 and C-11  
Effective 1-1-65

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOCC - Hobbs  
1-R. J. Starrak - Tulsa  
1-A. B. Cary - Midland  
1-File  
1-Energy Resources Board, Box 2088, Santa Fe, N.M. 87501  
1-State of New Mexico Commissioner of Public Lands  
Box 1148, Santa Fe, N.M. 87501

Operator  
Getty Oil Company

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE *Granna Ridge Morrow R-5729*

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Two State Com	1	Undesignated	State, Federal or Fee State	LG-1207
Location	Unit Letter	Feet From The	Line and	Feet From The
	F	1980	North	1980
			Line and	South
Line of Section	Township	Range	N.M.P.M.	Lea
2	22S	34E		

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)					
None						
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)					
Tuco, Inc.	Star Rt. A Box 335, Hobbs, N.M. 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Req.	Is gas actually connected?	When
					No	Laying line

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't.	Fill. Res
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-30-77	2-13-78	13,381	13,360					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
2608 GR	Morrow	12,761	12,638					
Perforations			Depth Casing Shoe					
12,759 - 13,322								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	402	500
12 1/4	10 3/4	5,577	2,350
9 1/2	7 5/8	11,694	2,165

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)

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/MCF	Gravity of Condensate
1,965 CAOF	24		
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
4 point	6485		Various

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.

*Richard A. ...*  
(Signature)  
Area Superintendent

April 4, 1978  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 02 1978, 19

BY [Signature]  
TITLE SUPERVISOR DISTRICT I

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 re-completed wells.  
Fill out only Sections I, II, III, and VI for changes of ownership, name of operator, or transporter, or other such change of conditions.

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APR 6 - 1978

OIL CONSERVATION COMM.  
HOBBS, N. M.