

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-NMOCC-HOBBS
1-R.J. STARRAK-15TH FLOOR-TULSA
1-A.B. CARY-MIDLAND
1-ENERGY RESOURCES, P.O. BOX 2088, SANTA FE, N.M. 87501
1-FILE
Operator 1-WIO

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROVATION 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 type="checkbox"/>	Well completed as Dual Gas Oil. Getty operates the Langlie Mattix Oil Zone.
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MYERS LANGLIE MATTIX UNIT	Well No. 94	Pool Name, including Formation LANGLIE MATTIX QUEEN	Kind of Lease State, Federal or Fee STATE	Lease No. NM-B1167
Location Unit Letter <u>L</u> ; <u>660</u> Feet From The <u>WEST</u> Line and <u>1980</u> Feet From The <u>SOUTH</u> Line of Section <u>32</u> Township <u>23 SOUTH</u> Range <u>37 EAST</u> , N.M.P.M., <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS NEW MEXICO PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1510, MIDLAND, TEXAS 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TEXAS 79999					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 31	Twp. 23	Page. 37	Is gas actually connected? YES	When 1-22-78

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'n.	Diff. Rest'n.
Date START REWORK 9-28-77	Date Compl. Ready to Prod. 1-21-77	Total Depth 3720	P.B.T.D. 3640					
Elevations (DF, RKB, RT, GR, etc.) 3303.9' G.R.	Name of Producing Formation QUEEN	Top Oil/Gas Pay 3537	Testing Depth 3427					
Perforations 3537-3603 (PREVIOUSLY PERFORATED)				Depth Casing Shoe 3719				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
9-5/8"	7-5/8"	266		180				
6-3/4"	4-1/2"	3719		200				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 1-22-78	Date of Test 1-25-78	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HR.	Tubing Pressure -	Casing Pressure -	Choke Size 2"
Actual Prod. During Test 121	Oil-Bbls. 1	Water-Bbls. 120	Gas-MCF TSTM

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

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: Dale R. Crockett (WST)
(Signature)
AREA SUPERINTENDENT
(Title)
FEBRUARY 3, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
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 available tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and re-completed wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

100-100000

FEB 7 1978

CL. COLLECTION COMM.
HOBBS, N. M.