

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Getty Oil Company

Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) <u>Well Number 301 renumbered to Well number 155</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cooper Jal Unit</u>	Well No. <u>155</u>	Pool Name, including Formation <u>Langlie Mattix Seven Rivers Queen</u>	Kind of Lease <u>State, Federal or Fee Fee</u>	Lease No.
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>24-S</u> Range <u>37-E</u> , NMPM, <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"/> <u>Shell Pipeline Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2648, Houston, TX 77002</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1384, Jal, N.M. 88252</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>U</u>	Sec. <u>24</u> Twp. <u>24-S</u> Rge. <u>36-E</u>
		Is gas actually connected? <u>Yes</u> When _____

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

W.B. Loh

(Signature)

District Operations Manager

(Title)

March 11, 1985

(Date)

OIL CONSERVATION DIVISION

MAR 18 1985

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY JERRY SEYTON

DISTRICT I SUPERVISOR

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 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.

58641 1985

FORM C-104

IV. 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	2-9-85	Date Compl. Ready to Prod.		2-27-85	Total Depth	3580'	P.B.T.D.	3720'	
Elevations (DF, RKB, RT, CR, etc.)	3311' DE	Name of Producing Formation		SEVEN RIVERS QUEEN	Top Oil/Gas Pay	3456'	Tubing Depth	3505	Depth Casing Shoe
Perforations	3456-3720'	TUBING, CASING, AND CEMENTING RECORD							

HOLE SIZE	13"	CASING & TUBING SIZE	240'	DEPTH SET	SACKS CEMENT
	9 5/8"		2822'		750
	7"		3456'		100

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of flood 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	2-26-85	Date of Test	2-26-85	Producing Method (Flow, pump, gas lift, etc.)	Pump
Length of Test	24 Hour	Tubing Pressure		Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 58	Water-Bbls.	122	Gas-MCF	63

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

GAS WELL