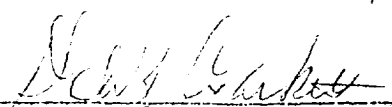


NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PROBATION OFFICE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes OIL C-101 and C-1 Effective 1-1-65	
Operator Getty Oil Company					
Address P.O. Box 730, Hobbs, New Mexico 88240					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well ☐		Changes in Transporter of:			
Recompletion ☐		Oil ☐ Dry Gas ☐			
Change in Ownership ☒		Casinghead Gas ☐ Condensate ☐			
If change of ownership give name and address of previous owner				Getty Reserve Oil, Inc., 312 HBF Bldg., Midland, Tx. 79701	
				This change effective 8/1/80.	
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
South Langlie Jal Unit		12	Jalmat (Oil)	State, Federal or Fee Fee	
Location					
Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>					
Line of Section <u>18</u> Township <u>25-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County					
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)		
Shell Pipe Line Company			Box 2648, Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐			Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company			Box 1492, El Paso, Texas 79900		
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.
		J	7	25-S	37-E
		Is gas actually connected?		When	
		Yes		1953	
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
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	
TEST DATA AND REQUEST FOR ALLOWABLE (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		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
Testing Method (flow, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION		
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 Superintendent August 26, 1980 (Date)			APPROVED <u>SEP 26 1980</u> , 19		
			BY _____		
			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 deviate tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowance on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of ownership.		