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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Orig & Acc: NMOCC
Acc: H. E. Berg
Acc: P. H. Coe
Acc: File

ORIGINAL

Operator: Getty Oil Company
Address: P. O. Box 249, Hobbs, New Mexico

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

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

If change of ownership give name and address of previous owner: Tidewater Oil Company, Box 249, Hobbs, New Mexico

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>A. B. Coates "C"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Langlie Mattix</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>LC-032650</u>
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>25S</u> Range <u>37E</u> , <u>NM214</u> , <u>Ten</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1334, Jal, New Mexico 88252</u>
If well produces oil or liquids, give location of tanks.	Is production to be commingled? <u>Yes</u>

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) <u>Legal Well</u>	Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Perforations

TUBING, CASING, AND CEMENTING RECORD

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 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

P. J. Madala
(Signature)
Area Superintendent
September 30, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
TITLE _____

This form is to be filed in compliance with N.M.C. 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 N.M.C. 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.