

DEFINITION	
SALE PRICE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5 - NMOCD - Hobbs
1 - File
1 - Midland

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

GETTY OIL COMPANY

Address: **P.O. BOX 730, Hobbs, NM 88240**

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

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

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 Cooper Jal Unit	Well No. 211	Pool Name, including Formation JaImat	Kind of Lease State, Federal or Fee Fee	Lease No.
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Location
Unit Letter **K**; **2310** Feet From The **South** Line and **2310** Feet From The **West**
Line of Section **24** Township **24-S** Range **36-E**, NMPM, **Lea** County

WATER INJECTION WELL

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)

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)

Does well produce oil or liquids, give location of tanks. Unit Sec. Twp. Pce. Is gas actually connected? When

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	Strike Reveal, Etc.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Revolutions (OF, RAB, RT, CR, 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 lost oil and must be equal to or exceed top oil well for this depth or be for full 24 hours)

Date First New Oil Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Initial Prod. During Test	Oil-Gals.	Water-Gals.	Gas-MCF

AS WELL

Initial Prod. Test-MCF/D	Length of Test	Gals. Condensate/MMCF	Gravity of Condensate
Producing Method (spec. back pr.)	Tubing Pressure (kpsi-in)	Casing Pressure (kpsi-in)	Choke Size

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.

[Signature]
AREA SUPERINTENDENT

September 22, 1980

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 1980

BY **John Runyan**
Geologist

TITLE _____

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all this or new and re-completed wells.