

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
DISTRIBUTION		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
SANTA FE		AND		Effective 1-1-65	
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		RECEIVED	
U.S.G.S.				OCT 5 1967	
LAND OFFICE				P. O. C.	
TRANSPORTER				ARTESIA, OFFICE	
OIL					
GAS					
OPERATOR					
PRORATION OFFICE					
Operator		Getty Oil Company			
Address		P. O. Box 249, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well		Change in Transporter of:		"E"	
Recompletion		Oil		Formerly Tidewater GO, State "E" #1	
Change in Ownership		Casinghead Gas			
		Dry Gas			
		Condensate			
If change of ownership give name and address of previous owner		Tidewater Oil Company, P. O. Box 249, Hobbs, New Mexico 88240			
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, including Formation	
State "AZ"		1		Grayburg Jackson Grayburg S A	
Location		Kind of Lease		State, Federal or Fee	
Unit Letter		M		State	
990		Feet From The		South	
Line of Section		16		Line and	
Township		17S		990	
Range		31E		Feet From The	
Eddy		County		West	
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)	
Texas New Mexico Pipeline Co.				Box 1510, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
Skelly Oil Co.				Box 1135, Eunice, New Mexico	
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
M		16		17	
Rge.		31		Is gas actually connected?	
Yes				When	
9-28-59					
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		Same Res't.		Diff. Res't.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
P.B.T.D.		Elevations (DF, FKB, 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 OIL WELL (Test must be after recovery of total volume of load 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/MMCF	
Gravity of Condensate		Testing Method (pitot, back pr.)		Tubing Pressure (shut-in)	
Casing Pressure (shut-in)		Choke Size			
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
APPROVED OCT 5 1967					
BY W. P. Gressett					
TITLE OIL AND GAS INSPECTOR					
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.					