

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-63

Operator GETTY OIL COMPANY	
Address Drawer DD, Levelland, Texas 79336	
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	

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Hobbs T	Well No. 1	Pool Name, including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee	Lease No. K-1369
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West				
Line of Section 33 Township 7S Range 33E NMPM, Roosevelt County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipeline Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 900 Dallas, Texas 75221		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Cities Service Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1919 Midland, Texas 79701		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 33	Twp. 7S	Pge. 33E
		Is gas actually connected? Yes		When 6-6-66

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

V. COMPLETION DATA				
Designate Type of Completion - (X)				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.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	

VI. 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 all able 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-Bble.	Water-Bble.	Gas-MCF

GAS WELL.			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VII. 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.	
C. L. Wade	C. L. Wade
(Signature)	
Area Superintendent	
(Title)	
February 6, 1978	
(Date)	

OIL CONSERVATION COMMISSION FEB 16 1978	
APPROVED	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 deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.	
All portions of this form must be filled out completely for all wells on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.	