

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-101
Supersedes Old C-101 and C-1
Effective 1-1-65

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:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☒ Condensate ☐

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE			
Lease Name Hobbs T	Well No. 10	Pool Name, including Formation Chaveroo - San Andres	Kind of Lease State Federal or Fee State
Lease No. K-1369			
Location			
Unit Letter G	1980	Feet From The North Line and	1980 Feet From The East
Line of Section 34	Township 7S	Range 33E	NMPM, Roosevelt County

II. 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)		
Mobil Pipeline Company	P. O. Box 900 Dallas, Texas 75221		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
Cities Service Company	P. O. Box 1919 Midland, Texas 79701		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 34	Twp. 7S
			Rge. 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)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v.
			Diff. Res
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 load 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/MCF	Gravity of Condensate
Testing Method (spot, 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	(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 deepened well, this form must be accompanied by a tabulation of the gravel tests taken on the well in accordance with RULE 111.	
All portions of this form must be filled out completely for all able on now and for completed wells.	
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change in conditions.	