

DISTRIBUTION	
SANITARY	
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 1-1-65

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

DESCRIPTION OF WELL AND LEASE			
Lease Name Hobbs W	Well No. 4	Pool Name, including Formation Chaveroo San Andres	Kind of Lease ☒ State, ☐ Federal or Fee
Lease No. K-1370			
Location			
Unit Letter H	: 1650	Feet From The North	Line and 660 Feet From The East
Line of Section 30	Township 7S	Range 34E	NMPM, Roosevelt County

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 A	Soc. 30	Twp. 7S
		Pge. 34E	
	Is gas actually connected?		When
	Yes		1-12-67

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 ☐ Sure Res'v. ☐ Drill. Res'v. ☐
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Tubing Depth
	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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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 February 6, 1978 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	1-13-1978
BY	Orig. Signed By Jerry Sexton Dist. 1, Supv.
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 deviated tests taken on the well in accordance with RULE 111. All sections 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 owner, well name or number, or transporter, or other change of condition.	

RECEIVED

FEB 9 1978
OIL CONSERVATION COMM.
HONOLULU, H. M.