

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Getty Oil Company *Leaves Producing Inc.*Address P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> XX	
Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bunker Hill State</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Undesignated Morrow</u>	Kind of Lease State, Federal or Fee	Lease No. <u>V-861</u>
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>15-S</u> Range <u>31-E</u> , NMPM, <u>Chaves</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Getty Trading Transportation Co.</u>	<u>Loco 18, Eunice, New Mexico 88231</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shut-In</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>P 33 15-S 31-E</u>	

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 <input checked="" type="checkbox"/> X	Gas Well	New Well <input checked="" type="checkbox"/> X	Workover	Deepen	Plug Back	Same Res'v.	Diff. I
Date Spudded <u>6-22-84</u>	Date Compl. Ready to Prod. <u>11-16-84</u>	Total Depth <u>13,577'</u>	P.B.T.D. <u>12,430'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4393' (GR)</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay <u>12,276'</u>	Tubing Depth <u>12,220'</u>					
Perforations <u>12,276 - 12,386' (MORROW)</u>	Depth Casing Shoe <u>13,577'</u>							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>410'</u>	<u>450</u>
<u>12 1/2"</u>	<u>9 5/8"</u>	<u>4000'</u>	<u>1300</u>
<u>8 1/2"</u>	<u>5 1/2"</u>	<u>13,577'</u>	<u>5000</u>

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 of  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>11-16-84</u>	Date of Test <u>11-17-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 Hrs.</u>	Tubing Pressure <u>215#</u>	Casing Pressure	Choke Size <u>18/64"</u>
Actual Prod. During Test	Oil - Bbls. <u>34</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>720</u>

## GAS WELL

Actual Prod. Test-MCF/D <u>720</u>	Length of Test <u>24 Hrs.</u>	Bbls. Condensate/MMCF <u>34</u>	Gravity of Condensate <u>58.0</u>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) <u>215#</u>	Casing Pressure (Shut-in)	Choke Size <u>22/64</u>

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.W.A. Baker II  
(Signature)

District Operations Manager

(Title)

3-9-85

(Date)

## OIL CONSERVATION DIVISION

APPROVED NOV 15 1985, 19BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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 deviator  
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 oil  
well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-

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