0+6-NMOCD-Hobbs
1-File
1-Engr LM
1-Foreman
1-Mr. J.A.-Midland
1-JA, 1-BB, 1-SH, 1-CP
1-BK

Getty Oil Company
Address

P.O. Box 730, Hobbs, NM 88240
Reason(s) for filing (Check proper box)

						Other (Please explain)
New Well	XX	Change in Transporter of:				CASINGHEAD GAS MUST NOT BE FLARED AFTER ~~Nov. 1, 1984~~ UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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 Wildcat

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Bunker Hill State	1	~~Undesignated~~ Devonian	State, Federal or Fee State	V-861

Location

Unit Letter P : 660 Feet From The South Line and 660 Feet From The East

Line of Section 33 Township 15S Range 31E , NMPM, Chaves County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Trading Getty Trasportation Co.	Loop 18, Eunice, NM 88231
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
None	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	33	15	31	No	Unknown

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

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6/22/84	9/7/84	13,577'	13,576'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4393' GR	Devonian	13,538'	13,438'
Perforations			**Depth Casing Shoe**
13,538'-13,566', 1 SPF, 29 holes			13,577'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8"	410'	450 sxs
12 1/4	9 5/8"	4000'	1300 sxs
8 1/2	5 1/2"	13,577'	5000 sxs
	2 7/8"	13,438'	-

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9/7/84	9/12/84	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	700#	-	12/64" ck
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
87 BO	87	73	665

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**

VI. 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.

Dale R. Crockett
(Signature)

Area Superintendent
(Title)

September 13, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 25 1984, 19

BY 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 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.

RECEIVED
SEP 1 3 1984
O.C.D.
HOBBS OFFICE