III.

IV.

VI.

(Date)

NO. OF COPIES REC	EIVED	
DISTRIBUTIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROPATION OF		

SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISSION REQUESTOFORCALLOWABLE AND						Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
U.S.G.S.	_ AUTHORIZ	ATION TO TRA	NSPORTMILE	AND N	IATURAL GAS	S		
LAND OFFICE	/ ATT 1		10 04 1111 1	, ,				
TRANSPORTER GAS	lFile	2						
OPERATOR								
PRORATION OFFICE Operator		 						
Getty Cil Company Address								
Box 249, Hobbs,								
Reason(s) for filing (Check proper bo.	x) Change in Tra	nsporter of:	Other	(Please	explain)			
Recompletion	Oil	Dry Ga	s [
Change in Ownership	Casinghead Go	conden	nsate 🔲				j	
If change of ownership give name and address of previous owner							,	
DESCRIPTION OF WELL AND		l Name, Including Fo	ormation		Kind of Lease		Lease No.	
State BH	1	Baum Upper	_		State, Federal or	Fee State	Lease No.	
Location		Dept.	14111	!		2440		
Unit Letter B: 66	Feet From Th	ie north Lin	e and <u>1980</u>		_ Feet From The	east		
1. 10. 11 9. 10.		D 2	677	ND (D) (7		
Line of Section 12 To	ownship 145	Range 3	2E	, NMPM,		Les	County	
DESIGNATION OF TRANSPOR		D NATURAL GA	Address (Give a			copy of this form is t	o be sent)	
The Permian Corp.	not nahand Cas [7]	or Dry Gas			19, Midland	copy of this form is t	o he conti	
Name of Authorized Transporter of Co	_	of Dry Gds	1	_	lsa, Okla.	copy of this form is i	o be sent)	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually			As soon as	connection	
give location of tanks.	B 12	14S 37E	Nc		ļ 	can be made	1	
If this production is commingled w	ith that from any ot	her lease or pool,	give comminglis	ng order	number:			
COMPLETION DATA	Oil We	ell Gas Well	New Well Wo	rkover	Deepen F	Plug Back Same Res	o'v. Diff. Res'v.	
Designate Type of Complet	ion = (X)	•				1		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		I	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing	Formation	Top Oil/Gas Po			Tubing Depth		
Elevations (Dr., RRB, RI, GR, etc.,	Name of Producing	i ormation	100 011/643 14	. y		tabing Depth		
Perforations	<u> </u>				1	Depth Casing Shoe		
		NG, CASING, AND	1			SACVECE	4ENT	
HOLE SIZE	CASING &	TUBING SIZE	DE	PTH SE	-1	SACKS CEN	MEN!	
			<u> </u>		. <u>.</u>			
TEST DATA AND REQUEST I	FOR ALLOWABLE	Test must be a able for this de	fter recovery of to pth or be for full			i must be equal to or	exceed top allow-	
Date First New Oil Run To Tanks	Date of Test				, pump, gas lift,	etc.)		
					······································	a. V		
Length of Test	Tubing Pressure		Casing Pressur	•	,	Choke Size		
Actual Prod. During Test	Oil-Bhis.		Water - Bbls.	 .		Gas - MCF		
							<u> </u>	
GAS WELL	Length of Test		Bbls. Condenso	te () () ()	. T.	Gravity of Condensate		
Actual Prod. Test-MCF/D	Feudin or 1981		Bute. Condenso	e/ MMCI	[Charly of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
CERTIFICATE OF COMPLIA	NCE			OIL	ONŞERVAT	ION COMMISSIO	 N	
			45555	_	JUN D	だいけい	19	
I hereby certify that the rules and Commission have been complied	regulations of the with and that the	Oil Conservation information given	APPROVE		- A		13	
above is true and complete to the	he best of my know	ledge and belief.	BY_	M	m M	myan		
			TITLE					
ORIGINAL SIC				rm is to	be filed in co	mpliance with RUL	E 1104.	
C. L. Wade		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						
(Si	nature)		wall this fo	rm musi	he accompanio	ed by a tabulation on the state of the state	of the deviation	
Area Supt.	Title)		All sec	tions of	this form must	be filled out compl		
·	*****/				completed well: Sections I. II.	s. III, and VI for cha	nges of owner.	
June 11, 1969	<u> </u>		II FIII OU	y i	JUCCADIIO A, AA; P. OT TERREDOSTOS	or other such chan	ge of condition.	

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 pleted wells.