OF COPIES RECEIVED Form C-104 NEW MEXICO OIL CONSERVATION COMMIS ... ON DISTRIBUTION Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE NTA FE Effective 1-1-65 AND ILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS J.S.G.S. LAND OFFICE OIL L - NMOCC TRANSPORTER GAS 1 - File OPERATOR PRORATION OFFICE Getty Oil Co. Box 249. Hobbs. Reason(s) for filing (Check proper box) N. Mex. Other (Please explain) Dry Gas 011 Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE | Well No.; Pool Name, Including Formation Kind of Lease 1 ease No. State, Federal or Fee F'ee Lovington Penn Northeast H. T. Montieth "A" Feet From The South Line and 660 Feet From The _ 660 County , NMPM, Range 37E 168 Township 20 Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Box 1510, Midland, Texas Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico P. L. Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas Box 6666, Odessa, Texas Is gas actually connected? When Phillips Petr. Co. Twp. Sec. If well produces oil or liquids, 10-1-71 37 give location of tanks. 16 20 If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res'v. IV. COMPLETION DATA Plug Back Workover New Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE

V. 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)

OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas • MCF		

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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
1 Betting Manue 1 1			TION COMMISSION

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conserved on Commission have been complied with and that the information given above is true and complete to the best of my knowledge and held \hat{g}

Original Signed By	
C. L. WADE	
 (Signature)	
Area Supt.	
 (Title)	
11-30-71	
 (Date)	

OIL CONSERVATION COMMISSION

APPROVED. Orig. Signed by BY_ Joe D. Ramey Dist. I, 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 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, name or number, or transporter, or other such change of condition.

RECEIVED

C 1071

CIL CONSERVATION DALIM.

DISTRIBUTION SANTA FE PILE U.S.G.S. LAND OFFICE TRANSPORTER OLL GAS OPERATOR PRODUCTOR PROPERTIES Address P. C. Part 20, Foling, Law Partico Obleto Resource of Condensate Thange of ownership give name and address of previous owner If change of ownership give name and address of previous owner PROPRIOR OFFICE Transporter of Condensate Change of ownership give name and address of previous owner Properties M.3 Connective, P. C. S.	-104 and C-11
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H. T. Montieth "A" 1	
Location M 660 Feet From The West Line and 660 Feet From The South	
I on	County
Line of Section 20 Township 16S Range 37E , NUITM, Lea	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Box 1135, Sunice, lew Mexico Skelly Oil Company If well produces oil or liquids, give location of tanks. M 20 16 37 Yes The street of Casinghead Gas X or Dry Gas Address Give address to which approved copy of this form is to Box 1135, Sunice, lew Mexico When the street of Casinghead Gas X or Dry Gas Address Give address to which approved copy of this form is to Box 1135, Sunice, lew Mexico Skelly Oil Company The street of Casinghead Gas X or Dry Gas Address Give address to which approved copy of this form is to Box 1135, Sunice, lew Mexico Skelly Oil Company The street of Casinghead Gas X or Dry Gas Address Give address to which approved copy of this form is to Box 1135, Sunice, lew Mexico	
If this production is commingled with that from any other lease or pool, give commingling order number COMPLETION DATA Til Well Gas Well New Well Worksver Deepen 11.9 Pack Jame Iver	J. T. H. Ber
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Designate Type of Completion - (A)	
Date Spudded Date Compi. Ready to Prod. Total Depth.	
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VI. 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) राज्यका १ संस्थित राज्यकार्यालाहे	
 (Title) September 36, 136?	
 (Date)	

OIL CONSERVATION COMMISSION APPROVED 10/ 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.