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| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION 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-110  
Effective 1-1-65

**I. OPERATOR**

Operator: **Getty Oil Company**

Address: **P. O. Box 249, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box):  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate

Other (Please explain):

If change of ownership give name and address of previous owner: **Tidewater Oil Company, P. O. Box 249, Hobbs, New Mexico 88240**

**II. DESCRIPTION OF WELL AND LEASE**

|                                |                        |  |  |                              |
|--------------------------------|------------------------|--|--|------------------------------|
| Lease Name<br><b>State "P"</b> | We.<br><b>3</b>        | Pool Name, including Formation<br><b>Lovington Abo</b> | Kind of Lease<br>State, Federal or Fee<br><b>State</b> | Lease No.                    |
| Location                       |                        |  |  |                              |
| Unit Letter<br><b>M</b>        | <b>800</b>             | Fees From The<br><b>South</b>                          | Line and<br><b>330</b>                                 | Fees From The<br><b>West</b> |
| Line of Section<br><b>32</b>   | Township<br><b>16S</b> | Range<br><b>37E</b>                                    | <b>Lea</b>   | County                       |

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

|  |   |
|--|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Texas New Mexico Pipeline Co.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 1510, Midland, Texas</b>     |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Skelly Oil Company</b>    | Address (Give address to which approved copy of this form is to be sent)<br><b>Box 1135, Eunice, New Mexico</b> |
| If well produces oil or liquids, give location of tanks.<br><b>M 32 16 37</b>  | Is gas actually connected? <b>Yes</b>   |

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

**IV. COMPLETION DATA**

|   |                             |          |                 |          |              |                   |             |              |
|---|-----------------------------|----------|-----------------|----------|--------------|-------------------|-------------|--------------|
| Designate Type of Completion - (X)          | Oil Well                    | Gas Well | New Well        | Workover | Deepen       | Plug Back         | Same Resrv. | Diff. Resrv. |
| Date Spudded                                | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.     |                   |             |              |
| Elevations (DF, RKB, RT, GR, etc.)          | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth |                   |             |              |
| Perforations                                |                             |          |                 |          |              | Depth Casing Shoe |             |              |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                             |          |                 |          |              |                   |             |              |
| HOLE SIZE                                   | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT |                   |             |              |
|   |                             |          |                 |          |              |                   |             |              |
|   |                             |          |                 |          |              |                   |             |              |

**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)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| 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 (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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C. S. Wade  
(Signature)  
Area Superintendent  
(Title)  
September 30, 1967  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY [Signature]  
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 deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.