

FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

AND

Effective 1-1-65

AL ORIZATION TO TRANSPORT OIL AND N URAL GAS
5-NMOCC
1-W.L. BOONE- HOUSTON
1-R.J. STARRAK- MIDLAND
1-HOBBS- FILE

Operator GETTY OIL COMPANY	
Address P. O. BOX 249, HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 2/1/74 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name D. E. MEYERS	Well No. 1	Pool Name, Including Formation LOVINGTON TURB	Kind of Lease State, Federal or Fee FE	Lease No.
Location				
Unit Letter L	1980	Feet From The SOUTH	Line and 660	Feet From The WEST
Line of Section 33	Township 16-S	Range 37-E	NMPM, LEA	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"/> TEXAS NEW MEXICO PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1510, MIDLAND, TEXAS 79710	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 33
	Twp. 16-S	Rge. 37-E
	Is gas actually connected? NO	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							X
Date Spudded 11-5-73	Date Compl. Ready to Prod. 11-29-73		Total Depth 8136		P.B.T.D. 8134			
Elevations (DF, RKB, RT, GR, etc.) 3798 D.F.	Name of Producing Formation TURB		Top Oil/Gas Pay 7923		Tubing Depth 7760			
Perforations 7923, 50, 59, 67, 76, 89, 8001, 19, 39, 45, 54, 72, and 99'					Depth Casing Shoe 8499			
TUBING, CASING, AND CEMENTING RECORD								
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 12-1-73	Date of Test 12-3-73	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size 2"
Actual Prod. During Test 130	Oil - Bbls. 24	Water - Bbls. 106 L.W.	Gas - MCF TSTM

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.

ORIGINAL SIGNED BY:
C. L. Wade

C. L. Wade:

(Signature)

AREA SUPERINTENDENT

(Title)

DECEMBER 4, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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.