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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5 - NM OCC
1 - Mr. W. L. Boone - Houston
1 - Mr. R. H. Coe - Midland
1 - File

I. Operator
Getty Oil Company
Address
Box 249, Hobbs, New Mexico
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "PS"	Well No. 1	Pool Name, Including Formation Lovington San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-7897
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 32 Township 16S Range 37E , NMFM, 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 Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 32	Twp. 16	Rge. 37	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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-13-67	Date Compl. Ready to Prod. 10-10-67	Total Depth 5200		P.B.T.D. 4800'				
Elevations (DF, RKB, RT, GR, etc.) 3801 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4697		Tubing Depth 4718'				
Perforations One jet each @ 4697, 4699, 4703, 4705, 4709, 4715, 4716, 4739, & 4742	Depth Casing Shoe 5200'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11" 7-7/8"	CASING & TUBING SIZE 8-5/8 5-1/2 2-3/8		DEPTH SET 422 5200 4718		SACKS CEMENT 300 2280			

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 10-24-67	Date of Test 10-26-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -	Choke Size 2"
Actual Prod. During Test 64	Oil - Bbls. 62	Water - Bbls. 2	Gas - MCF 4

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
O. L. WADE

(Signature)

Area Supt.

(Title)

10-27-67

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

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.