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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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-NMOCC
1-W.L. Boone - Houston
1-J. E. Pierce - Midland
1-File

I.

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

THIS WELL HAS BEEN PLACED IN THE POOL
DEVELOPMENT OF THE POOL. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE L-736	Well No. 1	Pool Name, Including Formation EAST SHOEBAR DEVONIAN	Kind of Lease State, Federal or Fee STATE	Lease No.
Location Unit Letter D ; 554 Feet From The NORTH Line and 554 Feet From The WEST Line of Section 32 Township 16-S Range 36-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"/> THE PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 D	Sec. 32	Twp. 16-S	Rge. 36-E	Is gas actually connected? NO	When As soon as Connection can be secured.

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) XX		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded NOVEMBER 19, 1971	Date Compl. Ready to Prod. 1-17-72	Total Depth 13,003'		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3941 D.F.	Name of Producing Formation DEVONIAN	Top Oil/Gas Pay 12,934		Tubing Depth 12,867					
Perforations NONE - OPEN HOLE 12,960 - 13,003		Depth Casing Shoe 12,960'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8		418		450				
11	8-5/8		4299		2310				
7-7/8	5-1/2		12960		700				

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 2-5-72	Date of Test 2-11-72	Producing Method (Flow, pump, gas lift, etc.) PUMP - KOBS	
Length of Test 24	Tubing Pressure 30	Casing Pressure PACKER	Choke Size 2-1/2
Actual Prod. During Test 1409	Oil - Bbls. 607	Water - Bbls. 802	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.

C. S. Wade

(Signature)

AREA SUPERINTENDENT

(Title)

FEBRUARY 11, 1972

(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.

RECEIVED

FEB 11 1972

OIL CONSERVATION COMM.
HOBBS, N. M.

A

FI

JW