

DISTRIBUTION  
SA TA FE  
FI E  
G.S.  
ID OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
5-NMOCC  
1-W.L. Boone - Houston  
1-R. L. White - Midland  
1-File

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

Operator  
GLTTY 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

II. DESCRIPTION OF WELL AND LEASE  
Lease Name STATE "B" Well No. 2 Pool Name, Including Formation BOWERS-SEVEN RIVERS Kind of Lease STATE Lease No.  
Location  
Unit Letter G ; 2310 Feet From The NORTH Line and 1650 Feet From The EAST  
Line of Section 14 Township 18-S Range 37-E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
SHELL PIPE LINE COMPANY Address (Give address to which approved copy of this form is to be sent)  
P.O. BOX 1910, MIDLAND, TEXAS 79701  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
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 H Sec. 14 Twp. 18-S Rge. 73-E Is gas actually connected? NO When

IV. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well X Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date ~~9-9-74~~ Rework Date Compl. Ready to Prod. 9-14-74 Total Depth 4275 P.B.T.D. 4270  
Elevations (DF, RKB, RT, GR, etc.) 3686 D.F. Name of Producing Formation BOWERS-SEVEN RIVERS Top Oil/Gas Pay 3405 Tubing Depth 3489  
Perforations 3405, 07, 10, 41, 45, & 50' Depth Casing Shoe 4274  
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 9-17-74 Date of Test 9-19-74 Producing Method (Flow, pump, gas lift, etc.) PUMP  
Length of Test 24 Tubing Pressure Casing Pressure Choke Size 2"  
Actual Prod. During Test 11 Oil-Bbls. 9 Water-Bbls. 2 Gas-MCF 6

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

I. 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)  
APEA SUPERINTENDENT (Title)  
OCTOBER 4, 1974 (Date)  
WLG/bh

OIL CONSERVATION COMMISSION  
APPROVED BY TITLE SUPERVISOR DISTRICT I  
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.