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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Operator Getty Oil Company

Address P. O. Box 100, Houston, Texas

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter <input type="checkbox"/>		
Recompletion <input 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"/>	

If change of ownership give name and address of previous owner Midcontinent Petroleum Co., Houston, Texas

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name	Kind of Lease	Lease No.
Lease Name	Unit <u>6</u>			State, Federal or Fee <u>State</u>	<u>B-1533 1/2</u>
Location					
Unit Letter <u>I</u>	<u>1980</u>	Feet From The <u>South</u>	Line and <u>660</u>	Feet From The <u>East</u>	
Line of Section <u>33</u>	Township <u>18S</u>	Range <u>37E</u>	NMPM	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Texas Eastern Pipeline</u>	<u>10000, Houston, Texas</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>Texas Eastern Pipeline</u>	<u>10000, Houston, Texas</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>33</u> Twp. <u>18</u> Rge. <u>37</u>	Is gas actually connected? <u>Yes</u>	When <u>1957</u>

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

COMPLETION DATA		OR Well	Refract.	New Well	Workover	Deepen	Plug Back	Grout Rest.	Diff. Rest.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.S.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Key		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL		Text 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		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test				
Testing Method (pilot, 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.

James H. Wood
(Signature)
James H. Wood
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY James H. Wood

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.