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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 249, Hobbs, New Mexico 88240	
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"/>	Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: Tidewater Oil Company, Box 249, Hobbs, New Mexico

DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including formation	Kind of Lease
Eastumont	11	Eastumont Queen	State, Federal or Fee State
Location	Lease No. B-1651		
Unit Letter M	660	Feet From The West	660
Line of Section 34	Township 18S	Range 37E	Section 13a

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipeline Co.	Box 1510, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Co.	Phillips Bldg., Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tract
	M	34	18
			37
			Yes

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

COMPLETION DATA		Oil Well	Test Well	New Well	W. Shovel	Deepen	Plug Back	Same Restv.	Diff. Restv.
Designate Type of Completion -- (X)									
Date Spudded	Date Compl. Ready to Flow	Total Depth		P.B.T.D.					
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation	Total Depth		Total Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	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			
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

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19	
(Signature) Area Superintendent		BY _____	
(Title) September 30, 1967		TITLE _____	
(Date)		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.	