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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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOCC — HOBBS
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:	Other *(Please explain)*
Recompletion	☐	Oil ☒ Dry Gas ☐	
Change in Ownership	☐	Casinghead Gas ☐ Condensate ☐	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
W. D. GRIMES	3	HOBBS GRAYBURG	State, Federal or Fee FEE	

Location

Unit Letter __I__ : __2310__ Feet From The __SOUTH__ Line and __330__ Feet From The __EAST__

Line of Section __29__ Township __18-S__ Range __38-E__, NMPM, __LEA__ County

III. 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)*

THE PERMIAN CORPORATION   P.O. BOX 3119, MIDLAND, TEXAS 79701

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 COMPANY   PHILLIPS BUILDING, ODESSA, TEXAS

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	29	18	38	YES	

If this production is commingled with that from any other lease or pool, give commingling order number: __PC-401__

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation		Top Oil/Gas Pay			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

(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)

OIL WELL

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

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:
C. L. Wade

_____
(Signature)

C.L. Wade: AREA SUPERINTENDENT
(Title)

OCTOBER 11, 1972
(Date)

WLG/DB

OIL CONSERVATION COMMISSION

OCT 12 1972

APPROVED _____, 19_____

Orig. Signed by
John Runyan
Geologist

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.