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J.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
REGISTRATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-63

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5 - NMOCC
1 - Houston - W. L. Boone
1 - Midland - J. E. Pierce
1 - File
JUN 27 5 10 PM '59

I. **Getty Oil Company**
Address: **Box 249, Hobbs, New Mexico 88240**
Reasons for filing (Check proper box) Other (Please explain)
Change in Title ☐ Request temporary commingling authority
Change in Lease ☐ pending approval of formal commingling
Change in Operator ☐ application - Blinberry Oil to be commingled
Change in Gas ☐ with Hobbs San Andres oil on same lease.
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Well Name: **H. D. McKinley** Well No. Pool Name, including formation: **8 Undesignated** Kind of Lease: **Fee**
Location: **H 2310** Feet from The **North** Line and **430** Feet from The **East** Line
Range: **30** Township: **18S** Range: **38E** Section: **1** County: **Lea**

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)
Shell Pipe Line Co. **Box 1598, Hobbs, New Mexico**
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 Pet. Company **Box 6666, Odessa, Texas**
If well produces oil or gas give location of tanks: Unit: **G** Sec: **30** Twp: **18** Rng: **33** Magnetically protected? **No** When: **As soon as connection can be made.**

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) 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: **5111.0**
Depth: Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:
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 (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.)
Location of Test: Date of Test: Producing Method (Flow, pump, gas lift, etc.):
Tubing Pressure: Casing Pressure: Choke Size:
Actual Flow During Test: Oil-Blbs.: Water-Blbs.: Gas-MCF:
GAS WELL
Actual Flow During Test: Length of Test: Field Condensate-MCF: Gravity of Condensate:
Producing Method (pilot, back prod.): Tubing Pressure: Casing Pressure: 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)

Area Supt.

(Title)

June 25, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

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 Sections I, II, III, and VI only 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.