

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 U.S.G.S. \_\_\_\_\_  
 LAND OFFICE \_\_\_\_\_  
 TRANSPORTER OIL \_\_\_\_\_  
 GAS \_\_\_\_\_  
 OPERATOR \_\_\_\_\_  
 REGULATION OFFICE \_\_\_\_\_

**I. OPERATOR**  
**GETTY OIL COMPANY**  
 Address: **P.O. Box 249, Hobbs, New Mexico 7240**  
 Reason for Filing (Check proper box) \_\_\_\_\_ Other (Please explain) \_\_\_\_\_  
 Description:  Change in Transportation \_\_\_\_\_ **Dual Hobbs Blinebry and Hobbs Drinkard.**  
 Oil \_\_\_\_\_  
 Transportation \_\_\_\_\_  
 Condensate \_\_\_\_\_

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease
<b>H. D. McKinley</b>	<b>9</b>	<b>Undesignated</b>	State, Federal or Fee <b>Fee</b>
Location	Section	Range	County
<b>G 2235'</b>	<b>30</b>	<b>31-E</b>	<b>Lea</b>
Feet From The <b>North</b>	Line and <b>2310'</b>	Feet From The <b>East</b>	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____	Address (Give address to which approved copy of this form is to be sent)
<b>Shell Pipe Line Company</b>	<b>P.O. Box 159, Hobbs, New Mexico</b>
Name of Authorized Transporter of Casinthead Gas _____ or Dry Gas _____	Address (Give address to which approved copy of this form is to be sent)
<b>Phillips Petroleum Company</b>	<b>P.O. Box 8866, Odessa, Texas</b>
If well produces oil or liquid hydrocarbons _____	When
Unit <b>G</b> Sec. <b>30</b> Wp. <b>13</b> Rge. <b>31-E</b>	<b>Yes</b> <b>10-13-69</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-374**

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Dry Well _____	New Well <input checked="" type="checkbox"/>	Workover _____	Deepen _____	Plug Back _____	Same Resrv. _____	Diff. Resrv. _____	
Date Drilled <b>1-13-69</b>	Date Compl. Ready to Prod. <b>10-13-69</b>	Total Depth <b>7000'</b>	P.S.T.D. <b>6970'</b>	Pool <b>Undesignated</b>	Name of Producing Formation <b>Blinebry</b>	Top Oil/Gas Pay <b>5'23'</b>	Tubing Depth <b>5955'</b>	Perforations <b>5'23', 5'42', 5'49', 5'62', 5'67', 5'82', 5'94', 5'99'; 599'</b>	Depth Casing Shoe <b>6999'</b>
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
<b>17-1/2"</b>	<b>13-3/4"</b>	<b>37'</b>	<b>400 Sx.</b>						
<b>12-1/4"</b>	<b>9-5/8"</b>	<b>3,511'</b>	<b>1,743 Sx.</b>						
<b>3-3/4"</b>	<b>7"</b>	<b>6,999'</b>	<b>650 Sx.</b>						

**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 of Test <b>10-13-69</b>	Date of Test <b>10-14-69</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>
Duration of Test <b>24 Hours</b>	Tubing Pressure <b>20</b>	Casing Pressure <b>20</b>
Actual Production (Bbls.) <b>22.5</b>	Oil-Bbls. <b>22</b>	Water-Bbls. <b>.5</b>
		Choke Size <b>2"</b>
		Gas-MCF <b>2</b>

**GAS WELL**

Actual Production (Test-MCF) _____	Depth of Test _____	Oil-Condensate (MCF) _____	Gravity of Condensate _____
Tubing Pressure (psia, back pr.) _____	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.

OIL CONSERVATION COMMISSION  
 APPROVED \_\_\_\_\_, 19  
 BY *Eugene J. Miller*  
 TITLE \_\_\_\_\_

ORIGINAL SIGNED BY  
**EUGENE J. MILLER**  
 Area Engineer (Signature)  
 October 14, 1969 (Title)  
 HB3/bh (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 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