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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PROPORTION OFFICE

NEW 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 1-1-66

PERMIT TO THE POOL RULES. THIS AUTHORITY TO PRODUCE AND SEAL OIL FROM THE WELL WILL AUTOMATICALLY EXPIRE UNLESS A LATEST HEAD GAS CONNECTION IS AVAILABLE. EXEMPTION TO THE NO-FLARE RULE HAS BEEN OBTAINED BY:

Getty Oil Company
P. O. Box 249 Hobbs, New Mexico 88240
Reason for failing to keep proper logs
Ownership ☒ Change in Ownership ☐
Production ☐ Oil ☐ Dry Gas ☐
Transportation ☐ Domestic Gas ☐ Interstate ☐
If change of ownership give name and address of previous owner

Other (Please explain) **Request temporary commingling authority pending approval of formal commingling application - Drinkard oil to be commingled with Hobbs San Andres and Hobbs Blinberry on the Same Lease.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. D. McKinley	Well No. 9	Pool Name, Incl. Formation Undesignated-Hobbs-Drinkard R-3877	Kind of Lease State, Federal or Fee Fee
Location Section G Township 2235 Range North Line 2310 Feet From The East			
Section 30 Township 18S Range 38E NE 1/4, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1598 Hobbs, New Mexico		
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Pet. Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6666 Odessa, Texas		
If well produces oil or liquid give formation of tanks G	Unit 30	Sec. 18	Line 38
Is gas naturally connected?		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) X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty. Diff. Res'ty.
Date Spudded 7-19-69	Date Compl. Ready to Prod. 9-19-69	Total Depth 7000'	R.B.T.D. 6970'				
Completion Undesignated	Name of Producing Formation Drinkard	Top Oil Gas Pay 6556'	Taking Depth 6745'				
Perforations 6927-31, 6933, 6937-39, 6942, 6946-50, 6954-58, 6960-65			Depth Casing Shoe 6999				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13 3/8"	DEPTH SET 378'	SACKS CEMENT 400 sx.				
12 1/4"	9 5/8"	3,851'	1748 sx.				
8 3/4"	7"	6,999'	650 sx.				

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 9-20-69	Date of Test 9-21-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Duration of Test 24 hours	tubing Pressure 35	Casing Pressure Packer	Choke Size 2"
Actual Flow during Test 169	Oil-Brils. 103	Water-Brils. 66	Gas-MCF 106

GAS WELL

Duration of Test 24 hours	tubing Pressure 35	Casing Pressure Packer	Choke Size 2"
Actual Flow during Test 169	Oil-Brils. 103	Water-Brils. 66	Gas-MCF 106

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

Area Superintendent

September 23, 1969

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **[Signature]**
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