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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
5-OCC  
1-Midland  
1-W.L. Boone-Houston  
1-File

I.

GETTY OIL COMPANY	
Address P. O. BOX 249, HOBBS, NEW MEXICO	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other: (Please explain) <b>DUAL-DRINKARD</b>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>H. D. MC KINLEY</b>	Well No. <b>11</b>	Pool Name, including Formation <b>HOBBS GRAYBURG SAN ANDRES</b>	Kind of Lease State, Federal or Fee <b>FREE</b>	Lease No.
Location Unit Letter <b>A</b> <b>760</b> Feet From The <b>NORTH</b> Line and <b>550</b> Feet From The <b>EAST</b> Line of Section <b>30</b> Township <b>18-S</b> Range <b>38-E</b> , NMPM, <b>LEA</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>SHELL PIPE LINE COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 1598, HOBBS, NEW MEXICO 88240</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>PHILLIPS PETROLEUM COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 6666, ODESSA, TEXAS 79760</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>30</b>	Twp. <b>18-S</b>	Rge. <b>38-E</b>	Is gas actually connected? <b>YES</b>	When

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) <b>WORKOVER</b>	Oil Well <b>XXX</b>	Gas Well	New Well <b>XXX</b>	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.) <b>3650 GR</b>	Name of Producing Formation <b>GRAYBURG SAN ANDRES</b>		Top Oil/Gas Pay		Tubing Depth			
Perforations <b>4-1/2 4-8 8</b>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
<b>17-1/2</b> HOLE SIZE	<b>13-3/8</b> CASING & TUBING SIZE		<b>379</b> DEPTH SET		<b>400</b> SACKS CEMENT			
<b>12-1/4</b>	<b>9-5/8</b>		<b>3848</b>		<b>1200</b>			
<b>8-3/4</b>	<b>7</b>		<b>7106</b>		<b>865</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 First New Oil Run To Tanks <b>5-18-72</b>	Date of Test <b>5-19-72</b>	Producing Method (Flow, pump, gas lift, etc.) <b>FLOW</b>	
Length of Test <b>18-1/2 Hours</b>	Tubing Pressure <b>140#</b>	Casing Pressure <b>PACKER</b>	Choke Size <b>24/64"</b>
Actual Prod. During Test <b>119</b>	Oil-Bbls. <b>93</b>	Water-Bbls. <b>26</b>	Gas-MCF <b>166</b>

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.

**Eugene J. Miller**  
AREA ENGINEER

ORIGINAL SIGNED BY  
EUGENE J. MILLER  
(Signature)

**MAY 19, 1972**

(Title)

JCC/bh

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 23 1972**, 19  
BY **[Signature]**  
TITLE **SUPERVISOR DISTRICT I**

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 1111.

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.

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MAY 18 1972

OIL CONSERVATION COMM.  
HOBBS, N. M.