NO. OF COPIES REC	EIVED		
DISTRIBUTION		·	
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			
Opendica			

	DISTRIBUTION .	A EW MEXICO OIL C	ONSERVATION COMMISSIC. 🤞	Form C-104		
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-119		
	FILE	AND Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
		. 001				
	TRANSPORTER OIL	7				
	GAS					
	OPERATOR					
1.	PRORATION OFFICE			· · · · · · · · · · · · · · · · · · ·		
	Operator					
	Getty Oil	Company				
	Address					
		ala masa manasana ()	enolo.			
	P. Q. Box	2kg, Hobbs, New Mexico 8	GGWU			
	Reason(s) for filing (Check proper box,)	Other (Please explain)	:		
	New Well	Change in Transporter of:	ļ			
	Barana Indian	Oil Dry Ga				
	Recompletion		LOIDELTA LIGENS	ater GO S tate "F" #4		
	Change in Ownership	Casinghead Gas Conder	nsate			
	If change of ownership give name	Tidenator Oil Company,	a A Shore also Mobiles in	ine service AROLO		
	and address of previous owner	Truckeror of troubles.	17 to 180 180 180 180 180 180 180 180 180 180	RES PROSECUTO COUNTY		
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including F	ormation Kinz of Lea	se Lease 115		
	State "BA"	4 Vacuum Graybu	irg San Andres State, Feder	rel or Fee State B-1565		
		4 Vacuum Graybu	ag ban Anares	State B-1707		
	Location					
	C 660	Feet From The North Lin	se and 1980 Feet From	West		
	Unit Letter ;;	Feet From TheLin	le unu			
	26	170	al. n	•		
	Line of Section 36 Tov	vnship 175 Range	34E , NMPM,	Lea County		
***	DESIGNATION OF TRANSPORT	PED OF OIL AND NATURAL GA	18			
III.	DESIGNATION OF TRANSPORT		Address (Give address to which appr	oved cary of this form is to be sent		
	Name of Authorized Transporter of Oil	of Condensate	Address force addr the to mitter app.	, , , , , , , , , , , , , , , , , , , ,		
	Testan New	Mexico Pipeline Co.	Box 1510, Midland	l, Texas		
	Name of Authorized Transporter of Cas	singhead Gas 👚 or Dry Gas 🗀	Address (Give address to which appr	oved copy of this form is to be sent)		
	1	etroleum Co.	Phillips Bldg., (Messe Teves		
	rittirps r					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? W	ben		
	give location of tanks.	C: 36 17 : 34	Yes			
			<u></u>			
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA					
			New Well Workover Deepen	Flug Back Same Resty, Diff. Hesty.		
	Designate Type of Completic	on = (X)	+	The second secon		
		TD . C . D	Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Debut			
	1					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	(21) 1112, 111, 011, 011, 011,					
		<u> </u>		Depth Casing Shoe		
	Perforations Casing Snoe					
		TURING CASING AN	D CEMENTING RECORD			
				SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		 				
				<u> </u>		
1 17	TEST DATA AND REQUEST F	OP AT LOWARIE (Test must be a	ofter recovery of total volume of load or	il and must be equal to or exceed top allow		
₩.		able for this de	epth or be for full 24 hours)			
	OIL WELL		Producing Method (Flow, pump, gas	lift, etc.)		
	Date First New Oil Run To Tanks	Date of Test	producing Method (1 tow, parsp, gos	.,,,,		
	•					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		1	!			
			W. 511	Sas-MCF		
	Actual Prod, During Test	Oil-Bbls.	Water-Bbis.	Jun 1914		
	1					
	GAS WELL		T	Complete of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate -		
	Torus Verbed (nitet heek no.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	- anny	-			
W.7 =	CERTIFICATE OF COURT 143	CF	OH CONSERV	ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	CE	II OSINGERO			
			1	7		
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED			
	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.		BY Superior				
			11/	- compliance with mill # 1104		
	_		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.			
	C. X. 1	lade				
	C. X. L	ature)				
Area Superintendent			All sections of this form must be filled out completely for allow-			
	(Title) able on new and recompleted wells.			wells.		
	Benhauber	30, 1967	Eill out only Sections I	II III and VI for changes of owner		
		ate)	well name or number, or transpo	orter, or other such change of condition		

well name or number, or transporter, or other such change of condition. 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.