

FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

AND
 AL ORIZATION TO TRANSPORT OIL AND NATURAL GAS
 5-NMOCC
 1-W.L. Boone - Houston
 1-R.J. Starrak - Midland
 1-File-Hobbs

I.

Operator
 GETTY OIL COMPANY

Address

P. O. BOX 249, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

SHC Blinebry - Glorieta

If change of ownership give name
 and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE "BA"	Well No. 9	Pool Name, including Formation VAC. BLBY-GLORIETA	Kind of Lease State, Federal or Fee STATE	Lease No. B-1565
Location				
Unit Letter B	660	Feet From The North	Line and 2310	Feet From The East
Line of Section 36	Township 17-S	Range 34-E	NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Texas New Mexico Pipeline Company	P.O. Box 1510, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Phillips Petroleum Company	PHILLIPS BUILDING, Odessa, Texas	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 36
	Twp. 17	Rge. 34
	Is gas actually connected?	When
	Yes	9-24-72

If this production is commingled with that from any other lease or pool, give commingling order number: PC-147

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spud WORK DONE 9-24-72	Date Compl. Ready to Prod. 9-24-72	Total Depth 6792'	P.B.T.D. X					
Elevations (DF, RKB, RT, GR, etc.) 4006' D.F.	Name of Producing Formation BLINEBRY-GLORIETA	Top Oil/Gas Pay 6077'	Tubing Depth NONE					
Perforations GLORIETA 6077-6186'			Depth Casing Shoe 6791'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	2-7/8	6791	(SAN ANDRES)					
8-3/4*								
	2-7/8	6791	(Blinebry-Glorieta)					
*DUAL TUBINGLESS COMPLETION								

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 9-24-72	Date of Test 9-25-72	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 41	Oil-Bbls. 16	Water-Bbls. 25	Gas-MCF 19

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.

C. L. WADE

(Signature)

AREA SUPERINTENDENT

(Title)

FEBRUARY 20, 1973

(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 only Sections I, II, III, and VI 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 multiple completed wells.