OIL	
GAS	
OR	
ATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

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

NATURAL GAS

5-NMOCC
1-W. L. Boone-Houston
1-Dist. Prod. Mgr.
1-Energy Resources Board- Santa Fe, N.M.
1-File

GETTY OIL COMPANY

P. O. Box 249, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	XXX	Change in Transporter of:	
Recompletion		Oil	
Change in Ownership		Casinghead Gas	
		Dry Gas	XX
		Condensate	

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
STATE "BL"	1	Lovington Queen R-5456	State, Federal or Fee State	

Location

Unit Letter P ; 745 Feet From The South Line and 735 Feet From The East

Line of Section 11 Township 17-S Range 36-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX	Address (Give address to which approved copy of this form is to be sent)
PHILLIPS PETR. COMPANY	Phillips Bldg., Odessa, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	11	17-S	36-E	No	----------

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XXXX	XXXX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-11-77	4-3-77	4182	--------
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3826 GR	Queen Gas	4145	4130

Perforations	Depth Casing Shoe
4151;52;53;54;55;56;57;58;59;60;61;62;63;64;65;66;67;68;69;	4182

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2	8-5/8	354	310 sacks
7-7/8	5-1/2	4182	1468 sacks
	2-3/8	4134	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil used and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)

Length of Test	Tubing Pressure	Casing Pressure	Choke Size

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
155	24 Hours	--------	--------

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Portable Tester	Est. 1000#	Pkr	24/64

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. Webb

(Signature)

Area Superintendent
(Title)

April 4, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19

BY Jerry Sexton

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.