

STATE OF NEW MEXICO
MINERAL DEPARTMENT

DATE RECEIVED	
DISTRIBUTION	
STATE	
U.S.	
OFFICE	
IMPORTER	OIL
	GAS
OPERATOR	
ADDITIONAL OFFICE	
Operator	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

J. F. McAdams

Address

c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain) effective 1-1-83
Western Crude Oil, Inc. name changed to
Getty Trading and Transportation Co.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

NM-149957

Lease Name Brooks Federal	Well No. 4	Pool Name, including Formation Salt Lake Yates	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>2000</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>20S</u> Range <u>33E</u> , NMPM. <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Getty Trading & Transportation Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1142, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 7	Twp. 20S	Rge. 33E	Is gas actually connected? No	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	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.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Walter H. Walker
(Signature)
Agent
(Title)
1/11/83
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 13 1983, 19

BY JERRY SEXTON
DISTRICT 1 SUPR.

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.

RECEIVED

JAN 12 1983

O.C.D.
HOBBS OFFICE