Form 9-331 (May 1963)	UNI D STA		SUBMIT IN TRIPLIC		Bureau No. 42–R1424		
טבר	ARTMENT OF TH GEOLOGICAL S	JR verse side)	5. LEASE DESIGNATION AND SERIAL NO. NH-929141				
	NOTICES AND R r proposals to drill or to de	EPORTS C			OTTEE OR TRIBE NAME		
1. GAS G				7. UNIT AGREEMEN	NT NAME		
	THER			8. FARM OR LEASI	NAME OF THE PARTY		
GETTY OIL COMPAN		EAST EUAONT UNIT					
3. ADDRESS OF OPERATOR	9. WELL NO.						
P.O. BOX 249, H	19						
4. LOCATION OF WELL (Report lo See also space 17 below.)		10. FIELD AND POOL, OR WILDCAT					
At surface					EUMONT QUEEN		
2065' FML & 660' ERST					11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
				4-19-5-	4-19-5- 37-E		
14. PERMIT NO.	15. ELEVATIONS (S	15. ELEVATIONS (Show whether DF, RT, GR, etc.)			ARISH 13. STATE		
				LEA	N.N.		
16. Ch.	eck Appropriate Roy T	o Indicato N	ature of Notice, Report, o				
	of intention to:	o maicale 140					
NOTICE	T INTENTION TO:		SUB	SEQUENT REPORT OF:			
TEST WATER SHUT-OFF	PULL OR ALTER CASI		WATER SHUT-OFF		ING WELL		
SHOOT OR ACIDIZE	MULTIPLE COMPLETE ABANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING	l—–l	NG CASING		
REPAIR WELL	CHANGE PLANS		(Other)		NMENT*		
(Other)	_		(NOTE: Report res	sults of multiple comple ompletion Report and Lo	tion on Well		
This well was shu	nt-in during 1967	·•					
18. I hereby certify that the for	c. L. Wada		EA SUPERINTENDENT	DATE	10-22-74		
(This space for Federal or S	tate office use)	~		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
APPROVED BY		TITLE		/ D BANU-	'B		
CONDITIONS OF APPROVAL, IF ANY:				APPROVE	.U		
				NOV 4 19	-		

*See Instructions on Reverse Side

NOV 4 1974

JIM SIMS

ACTING DISTRICT FUCINEFO

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Consult local Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. State or Federal office for specific instructions. Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. It addition, such proposals and reports should include reasons for the abandonnent; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-685229

847 - 485

	Operator	^	M.	
	PRORATION OFFICE			İ
	OPERATOR			
		GAS		
	TRANSPORTER	OIL		
	LAND OFFICE			
	U.S.G.S.			
ļ	FILE			
	SANTA FE	•		
	DISTRIBUTIO	ON		
	NO. OF COPIES REC	EIVED	i I	

111.

IV.

DISTRIBUTION	<i>A</i>		24 ****		
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISS REQUEST FOR ALLOWABLE AND Form C-104 Supersedes Old C-104 and (Effective 1-1-65				
FILE					
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
LAND OFFICE					
TRANSPORTER OIL GAS					
OPERATOR					
PRORATION OFFICE					
Operator Getty Oil	. Company				
Address F. O. Box	249, Hobbs, New Mexico				
Reason(s) for filing (Check proper bo	•	Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry G	as			
Change in Ownership X	Casinghead Gas Conde	ensate			
If change of ownership give name and address of previous owner	Tidewater Oil Coupeny,	Box 249, Hobbs, New Me	xico		
DESCRIPTION OF WELL AND	LEASE				
Lease Name	Unitwell No. Pool Name, Including F		euse		
Location	19 20000	State, red	ieral or Fee Fed. MMO2914:		
Unit Letter H; 206	5 Feet From The North Lin	ne andFeet Fro	om The East		
Line of Section 4 To	ownship 198 Range	37E , NMFM,	Les County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			
Name of Authorized Transporter of Ci	or Condensate Maxico Pipeline Co.	Address (Give address to which ap	proved copy of this form is to be sen:)		
Name of Authorized Transporter of Co	rsinghead Gas or Dry Gas Petroleum Co.	1	proved copy of this form is to be sent;		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fig. H 4 19 37	is gas actually connected?	When		
COMPLETION DATA Designate Type of Completi	ith that from any other lease or pool,	New Well Workover Deepen	Flug Back - Same Resty, Diff. Resty		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top CH/Gas Pay	Tuning Depth		
Perforations			Depth Casing Shoe		
	TUBING, CASING, AND	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		1			
TEST DATA AND REQUEST FOIL WELL		fter recovery of total volume of load capth or be for full 24 hours)	oil and must be equal to or exceed top allow		
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-Bbis.	Water-Bble.	Gas-MCF		
GAS WELL			 		
Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	VATION COMMISSION		
	regulations of the Oil Conservation	APPROVED	, 19		
Commission have been complied v	with and that the information given be best of my knowledge and belief.	ву	King Hill		
		TITLE			
		1 / / —————————————————————————————————			

C. x. Wade (Signature)
Area Superintendent September 30, 1967

(Date)

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 multiply completed wells.