10. 0- COPIES RECEIVED		
		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
ANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
+ LE		
U.S.G.S.	3-NMOCC	5a. Indicate Type of Lease
LAND OFFICE	1-FILE	State Fee 201
OPERATOR		5, State Oil & Gas Lease No.
SLIN	NORY NOTICES AND REPORTS ON WELLS	mmmmmm
(DO NOT USE THIS FORM FOR USE "APPL	NDRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL		7. Unit Agreement Name
2. Name of Operator	OTHER-	0.5
GETTY OIL COM	DANA	8. Farm or Lease Name
3. Address of Operator	STAN A	9. Well No.
P.O. BOX 249,	HOBBS, NEW MEXICO 88240	22
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER	1983 FEET FROM THE SOUTH LINE AND 660 FEET F	FROM EUMONT OUBEN
THE RAST LINE, SI	ECTION 4 TOWNSHIP 19-S RANGE 37-E NE	MPM. ()
mmmmm		
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
		LEA
Chec	ck Appropriate Box To Indicate Nature of Notice, Report or	Other Data
NOTICE OF		ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	NIO WELL XX
OTHER		
THIS WELL WILL BE RET	Operations (Clearly state all pertinent details, and give pertinent dates, inclu-	
IN THE NEAR FUTURE.		
Thi s well wa s sh	ut-in during 1965.	
18. I hereby certify that the information	tion above is true and complete to the best of my knowledge and belief. RIGINAL SIGNED BY: C. L. Wade TITLE AREA SUPERINTENDENT	DATE OCTOBER 22, 1974
18, I hereby certify that the informat	tion above is true and complete to the best of my knowledge and belief. RIGINAL SIGNED BY: C. L. Wade TITLE AREA SUPERINTENDENT	DATE_ OCTOBER 22, 1974
18. I hereby certify that the informat	clon above is true and complete to the best of my knowledge and belief. RIGINAL SIGNED BY: C. L. Wade	DATE OCTOBER 22, 1974

CONDITIONS OF APPROVAL, IF ANY:

- 1	NO. OF COPIES REC	EIVED	i	
	DISTRIBUTIO			
	SANTA FE			
	FILE			
	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL		
ı	THE STATE OF THE S	GAS		
	OPERATOR			
1.	PRORATION OF	ICE		

SANTA SE	1	CONSERVATION COMMISS	Form C-104	
SANTA FE	REQUES	ST FOR ALLOWABLE	Supersedes Ol Effective 1-1-	d C-104 and C-11
FILE		AND		
U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NAT	TURAL GAS	
LAND OFFICE	 			
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE		-		
Operator Getty G	11 Company			
Address		COO) o	* • • • • • • • • • • • • • • • • • • •	<u> </u>
	ox 249, Hobbs, Isu Mexico	· · · · · · · · · · · · · · · · · · ·	.1	
Reason(s) for filing (Check proper New We!!	Change in Transporter of:	Other (Please exp	nain;	
Recompletion		Gas		
Change in Ownership X		ndensate		
If change of ownership give name and address of previous owner. I. DESCRIPTION OF WELL AN	and and the confidency	Box 249, Hotbs, Ne	y Nerdeo	
Lease Name	Unit Well No. Pool Name, Including		nd of Lease ite, Federal or Fee Fee	Lease No.
Location East East	sont 22 Euseont	Queen	ne, reserve et l'es res	_
Unit Letter / I ,198	Feet From The South	Line and 660	eet From The East	
Line of Section 4	Township 198 Range	37E , NMPM,	lee	County
2.00 01 000.00.				
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL Oil or Condensate		hich approved copy of this form is	to be sent:
1	ew Mexico Pipaline Co.		idland, Texas	,
· · ·	Casinghead Gas 📉 - cr Dry Gas 📺		hich approved copy of this form is	to be sent;
Phillip	s Petroleum Co.	Phillips Ri	dg., Cîesso, Texa	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 1 4 19 37	Is gas actually connected?	When	
	with that from any other lease or po-	ol, give commingling order nu	mber:	
V. COMPLETION DATA Designate Type of Compl	Oil Well Gas Well	New Well Workover I	Deepen Plug Back Same Re	s'v. Diff. Res'v
Designate Type of Compl	etton = (A)	1	1	1
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	
Lievations (DF, RRB, RT, GR, etc	,, realize of Producing 1 Simulation			
Perforations			Depth Casing Shoe	
	TUBING, CASING, A	AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CE	MENT
V. TEST DATA AND REQUEST		e after recovery of total volume (depth or be for full 24 hours)	of load oil and must be equal to or	exceed top allow
OIL WELL Date First New Oil Run To Tanks		Producing Method (Flow, pa	imp, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensat	•
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in	Choke Size	
VI. CERTIFICATE OF COMPLI	ANCE	OII CO	NSERVATION COMMISSION	
i. Certificate of Compli	INTOL		11.1	
I hereby certify that the rules a	and regulations of the Oil Conservati	on APPROVED		, 19
Commission have been complication	ed with and that the information giv	en	XIAMINA	

VI.

above is true and complete to the best of my knowledge and belief.

P. L. Wade (Signature)	
 (Signature)	
Area Superintendent	
 (Title)	
September 30, 1967	
 (Date)	

SUPERVISOR DISTRICT 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 multiply completed wells.