UISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION TAFE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1; **AND** Effective 1-1-65 G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS D OFFICE OIL TRANSPORTER 5-0CC GAS 1-Nidland OPERATOR 1-File CORRECTED REPORT - LOCATION PRORATION OFFICE Operator GETTY OIL COMPANY Address P. O. BOM 249, HOBBS, NEW MEXICO 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Formerly Texago's OII Dry Gas Change in Ownership Mrs. Jimmy Sanders Federal No. 2 Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ Texaco, Inc., Box 352, Hidland, Texas /エノ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Federal HEST EUROHT UNIT Lease No. 13 EUMONT QUEEN State, Federal or Fee NM-02053 Location 660 North 1652 Unit Letter Feet From The Line and East Feet From The 19-S Line of Section Township 37-L Lea Range , NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) P.O-BOK 1510, Midland, Texas 79701 or Condensate Texas New Mexico Pipe Line Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company P.O. Box 6666, Odessa, Texas Unit Sec. If well produces oil or liquids, Twp. P.ge. Is gas actually connected? give location of tanks. 4 19 37 YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Designate Type of Completion - (X) 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 V. TEST DATA AND REQUEST FOR ALLOWABLE (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) 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 - Bble. Water - Bble. Gas - MCF **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 OIL CONSERVATION COMMISSION

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. WADE C.L. Wade: (Signature) AREA SUPERINTENDENT (Tule)

(Date)

HOVEMBER 7, 1974

NUV 3.3 (c) APPROVED_ Orig. Signed by BY. Joe D. Ramey Dist. I 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, ell name or number, or transporten or other such change of condition.

RECEIVED

NO 11 874 GIL CONSERVATION COMM.