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| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PRORATION OFFICE       |            |

NEW MEXICO OIL CONSERVATION COMMISS.  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-55

I. Operator Getty Oil Company  
Address P. O. Box 249, Hobbs, New Mexico 58340  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of: ☐  
Recompletion ☐ CL ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
If change of ownership give name and address of previous owner Midwater Oil Company, Box 249, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE  
Lease Name East Adams Unit Well No. 28 Pool Name, Including Formation Arrest Queen State New Mexico County Deer State B-2330  
Location  
Quarter Section A 660 Feet From The North Line and 660 Feet From The East Line of Section 9 Township 19S Range 37E 10N

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas New Mexico Pipeline Co. Address (Give address to which copies of this form is to be sent) Box 197, Amarillo, Texas  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Phillips Petroleum Co. Address (Give address to which copies of this form is to be sent) Phillips, Amarillo, Texas  
If well produces oil or liquids, give location of tanks. Unit A Sec. 9 Twp. 19 Rge. 37 Is gas actually compressed? Yes

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 ☐ Repair ☐ Time 1955 Date 10/15/54  
Date Spudded                      Date Compl. Ready to Prod.                      Total Depth                       
Elevations (DF, NHH, RL, GR, etc.)                      Name of Producing Formation                      Top of Producing Layer                       
Perforations                                                                                                                                
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE                      CASING & TUBING SIZE                      DEPTH SET                      SACKS CEMENT                     

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of fluid in pool and must be equal to or exceed top of pool 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                      Hole Size                       
Actual Prod. During Test                      Oil - Bbls.                      Water - Bbls.                      Gas - MCF                     

GAS WELL  
Actual Prod. Test-MCF/D                      Length of Test                      Bbls. Condensate/MCF                      Gravity of Condensate                       
Testing Method (pilot, back prod)                      Tubing Pressure (shut-in)                      Casing Pressure (shut-in)                      Hole Size                     

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.  
O. A. Webb  
(Signature)  
(Title)  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED                      19                       
BY                       
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 tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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.