NO. OF COPIES REC	EIVED	i	
DISTRIBUTIO			
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

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DISTRIBUTION	□	20110570111701117011701170117011701170117	
SANTA FE		CONSERVATION COMMISSIC	Form C-104
FILE	KEQUESI	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
U.S.G.S.	<u> </u>	AND	
	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	. GAS
TRANSPORTER OIL			· ·
GAS OPERATOR			
PROPATION OFFICE			
Operator			
Getty 013	L Company		
P. O. Box	249, Robbs, New Mexico	88240	
Reason(s) for filing (Check proper bo	x.)	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Go	is	
Change in Ownership	Casinghead Gas 🔀 Conde	nsate	
If change of ownership give name and address of previous owner	Tidewater Cil Company,	Box 249, Hobbs, New Men	ti co
I. DESCRIPTION OF WELL AND	LEASE		
Past Ruse	Unit Well No. Pool Name, Including F	ormation Kind of Lea	Lease No.
Location	710 31 TYPESTO 4	State, Fede	rdi di Pee Fee
	Feet From The South Lin	ne and 330 Feet From	n The East
	ownship 198 Range	37E , NMPM,	Lea County
			County
Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL GA	Address (Give address to which appr	roved copy of this form is to be sent)
_		x 3119 mxxxiii, Midlar	
Name of Authorized Transporter of Ca	-		roved copy of this form is to be sent)
	Petroleum Co.	Phillips Bldg.,	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. P 21 19 37	Is gas actually connected? Wes	When
Tive receiper of tanks.		100	1957
	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completi		Notice Holicological Beepen	Flag buck Suine Nes 1. 2711. Nes-V.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Total Boptii	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Performance		1	D. 11 C 01
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11000001	Chains a robins size	DEI IN SET	SACKS CEMENT
	- 		
		1	_
. TEST DATA AND REQUEST F		fter recovery of total volume of load of pth or be for full 24 hours)	il and must be equal to or exceed top allow-
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-Bbls.	Water - Bble.	Gas-MCF
	<u> </u>		
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
k			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION
. JEHILIONIE OF COMPLIAN		OIE CONSERV	1 ,
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19
Commission have been complied	with and that the information given	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The contract
apove is true and complete to the	e best of my knowledge and belief.	BY	D DICTOR
		TITLE SUPERVISO	R' DISTRICT 1

VI.

C. x. Wade	
(Signature)	
Area Superintendent	
(Title)	
3ep temb er 3 0, 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.

	NO. OF COPIES RECEIVED						
	DISTRIBUTION	NEW M	IEXICO OU (CONSERVATION	N COMMISSE N	7	
	SANTA FE			FOR ALLOW		Form C-184 Supersedes (Old C-104 and C-1.
	FILE	<u>-</u>		4110		Effective 1-	1-65
	U.S.G.S.	AUTHORIZAT	ION TO TR	ANSPORT OIL	AND HATURA	L GAS	
	RANSPORTER GAS	- 1-Midland			11 3	88 M '65	
	OPERATOR	- l-File					
1.	PRORATION OFFICE						
	Tidenate Tidenate	er Oil Company				_ '	
	Astro	Hobbs, New Max	 L c o				
	Reason(s) for filling (Check proper be)x)		Ötse	t (Please explain)	·	
	New Well	Change in Transpo Cil	rter of: 				
	tom ge inwhership	Casinghead Gas _		ensate			
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND						
	Rest Bosont Un		57	ane, including Fo Eumon t		, rimå of Lease 'State, Nederid or Ne	Fee
	Unit Letter P 9	90 Feet From The	South	330	Feet F	com The	
	Line of Section 21	ownship 198	Ranae	37 E	, man,	Lea	County
	1				<i>yy</i>		County
III.	DESIGNATION OF TRANSPORT	RTER OF OIL AND N.	ATURAL G	AS	address to which a	pproved copy of this form i	a to be goet!
	The Permian Corpora	tion		Box 311	9, Midland,	Texas	s to be sent;
	Warren Petrolism Co	asinghead Gas er Dr	y Gas		adaress to which a	pproved copy of this form i.	s to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Tw	i9 37	is gue dotudily Yes	connected?	When 1957	
	If this production is commingled w COMPLETION DATA	vith that from any other 1	ease or pool,	, give commingli	ng order number:		
	Designate Type of Complet		Gas Well	New Well W	orkover Deeper	: Plug Back Same R	esty. Diff. Resty.
	Date Spudded	Date Compl. Ready to F	rod.	Total Depts		F.B.T.D.	i
	Fical	Name of Producing Form	nation	Top Cil, Gas P	ду	Tubing Depth	
	Perforations					Depth Casing Shoe	
		TIIRING	CASING AN	ID CEMENTING	PECOPO	<u> </u>	
	HOLE SIZE	CASING & TUBI			PTH SET	SACKS CI	EMENT
	· 	· · · · · · · · · · · · · · · · · · ·				<u> </u>	
v	TEST DATA AND REQUEST I	FOR ALLOWARLE /	Tast must he	after recovery of t	otal volume of load	ail and must be equal to a	- avaged top =11a.
• •	OIL WELL		able for this d	lepth or be for full	24 hours)		r exceed top allow
	Date First New Oil Hun To Tanks -	Date of Test		. Producing Meth	ed (Flow, pump, go	is lift, etc.)	
	Length of Test	Tubing Pressure	 	Casing Pressu	e	Choke Size	
	Actual Prod. During Test	Oil-Bbls.		Water-Bbls.		Gas-MCF	
	·			_ ·			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbis. Condens	7to (1.0 (C.F.	Commute of Commu	
	A Red Moi, lest-Moryb	Length of Test		Bb.s. Condens	ne/MMCF	Gravity of Condensa	te
	Testing Method (pitot, back pr.)	Tubing Pressure		Casing Pressur	°e	Choke Size	
VI.	CERTIFICATE OF COMPLIA	NCE			OIL CONSER	RVATION COMMISSI	 ON
	I hereby certify that the rules and Commission have been complied above is true and complete to the	with and that the infor	mation given				
				т			
	Original Signe	d By		TITLE			
	C. L. WADE (Signature)		=		in compliance with RUI		
			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				
	Area Supt.			tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
	August 20, 196	Title) '5		able on new	and recompleted	d wells.	
CONTRACT A PAI WAYA			Fill out Sections I, II, III, and VI only for changes of owner				

(Date)

Fill out Sections I, II, III, and VI only 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.