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NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Getty Oil Company Address P. O. Box 249, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name Tidawater Oil Company, Box 249, Hobbs, New Mexico and address of previous owner Unit Well No. Pool Name, Including Formation
Ract Exacut 68 II. DESCRIPTION OF WELL AND LEASE State, Federal or Fee Fee Location 1980 North 660 West Unit Letter Feet From The Line and Feet From The 37E , NMPM, Lea 27 Line of Section Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)

Box 1510, Texas Name of Authorized Texas New Mexico Pipeline Co. Name of Authorized Transporter of Casinghead Gas (Give address to which approved copy of this form is to be sent) Pullips Fetroleum Co. Phillips Bldg., Odessa, Texas Unit When Sec. ually connected? Twp. Rge. Is gas act If well produces oil or liquids, Yes 28 37 give location of tanks. Η· 19 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 Deepen Plug Back Same Resty, Diff. Resty. Designate Type of Completion = (X) 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 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 Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water - Bbis. Ggs - 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 001 3 1967 APPROVEC Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY DISTRICT SUPERVISOR TYTLE This form is to be filed in compliance with RULE 1104

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation

C. R. Wade	
(Signature) Area Superinte nden t	
(Tule) September 30, 1967	

(Date)

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.