

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

7.

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
Energy Reserves Group, Inc.

Address  
P. O. Box 2437 Midland, Texas 79702

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain) effective 1-1-83  
Western Crude Oil, Inc. name changed to  
Getty Trading and Transportation Co.

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Foster "B"	Well No. 1	Pool Name, Including Formation Nadine Drinkard - Abo	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line of Section 14 Township 19S Range 38E NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Getty Trading and Transportation Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1142, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 758 Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 14 Twp. 19 Rge. 38	Is gas actually connected? Yes When

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	Deepen	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 OIL WELL (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)

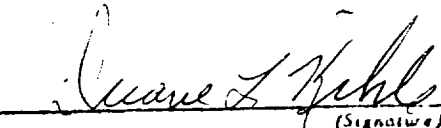
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Chief Production Clerk  
1-11-83  
(Date)

OIL CONSERVATION DIVISION  
JAN 17 1983  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
ORIGINAL SIGNED BY  
BY JERRY SEXTON  
TITLE DISTRICT 1 SUPR.

This form is to be filed in compliance with RULE 1124.  
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 multiple

REC-111-111  
JAN 17 1983  
C.C.D.  
HOBBS OFFICE