

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☒ GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-67

I. Operator 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: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒

If change of ownership give name and address of previous owner Midwestern Oil Company, Box 249, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Unit	Well No.	Lease Name, including Formation	Kind of Lease	Lease
<u>Eastumont</u>	<u>21</u>	<u>21</u>	<u>Eastumont Queen</u>	<u>State</u>	<u>26424</u>
Location	Unit Letter	<u>F</u>	<u>2061.5</u> Feet From The <u>North</u> Corner of <u>1980</u> Feet From The <u>West</u> Line of Section <u>3</u> Township <u>19S</u> Range <u>37#</u> <u>10000</u> <u>10000</u> <u>10000</u>		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline Co.</u>	<u>Box 1210 Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Co.</u>	<u>Phillips Bldg., Okessa, Texas</u>
If well produces oil or liquids, give location of tanks.	Year <u>1957</u>

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)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Exp. No.
Elevations (L.F., RKB, RT, GR, etc.)	Name of Producing Formation	Test Oil Casing Top	Test Depth
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 load oil and must be equal to or exceed trip 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	Testing 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 / MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Testing 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Pat. Wade
(Signature)
Area Superintendent
(Title)
September 30, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19 1967
BY [Signature]
TITLE [Signature]

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.