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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 23 6 290 AM '69
5 - N M O C C
1 - Houston - W. L. Boone
1 - Midland
1 - File

Operator Getty Oil Company	
Address Box 249, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government "H"	Well No. 2	Pool Name, including Formation Dates Seven Rivers	Kind of Lease State, Federal or Fee Fed.	Lease No. 075043
Location Unit Letter H ; 790 Feet From The South Line and 1913 Feet From The West Line of Section 19 Township 20S Range 34E , NMPM, Lee County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 19
	Twp. 20	Rg. 34
	Is gas actually connected? No	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded- 4-30-69	Date Compl. Ready to Prod. 6-20-69	Total Depth 3492	P.B.T.D. 3443					
Elevations (DF, RKB, RT, GR, etc.) 3679 RKB	Name of Producing Formation Dates 7 Rivers	Top Oil/Gas Pay 3344	Tubing Depth 3399'					
Perforations 3344, 3346, 3353, 3357, 3359, 3364, 3370, 3372, 3379 & 3382			Depth Casing Shoe 3486'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11-	8-5/8		1410		720			
7-7/8	5-1/2		3486		500			
	2-3/8		3399					

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 6-20-69	Date of Test 6-21-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size 2"
Actual Prod. During Test 27	Oil - Bbls. 17	Water - Bbls. 10	Gas - MCF 1000

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

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.

ORIGINAL SIGNED BY:
C. L. Wade

(Signature)

Area Supt.

(Title)

6-23-69

(Date)

OIL CONSERVATION COMMISSION
APPROVED **JUL 1 1969**
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.