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| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

AND
ORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-NMOCC
1-W.L. BOONE-HOUSTON
1-R.L. WHITE-MIDLAND
1-FILE

Effective 1-1-65

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 | <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion | <input checked="" type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

4/13/74

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|---|----------------------------|
| Lease Name STATE "I" | Well No. 1 | Pool Name, Including Formation MONUMENT PADDOCK | Kind of Lease State, Federal or Fee STATE | Lease No. B-2330 |
| Location | | | | |
| Unit Letter N , 330 Feet From The SOUTH Line and 1650 Feet From The WEST | | | | |
| Line of Section 16 Township 20S Range 37E , NMPM, LEA 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"/> SHELL PIPE LINE COMPANY | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1008, HOBBS, NEW MEXICO 88240 | | | |
| 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 N | Sec. 16 | Twp. 20S | Rge. 37E |
| | Is gas actually connected? | | When | |
| | NO | | | |

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. |
| X | X | | | | X | | | X |
| Date Spudded 1-17-74 | Date Compl. Ready to Prod. 2-12-74 | | Total Depth 5340 | | P.B.T.D. 5284 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3530 D.F. | Name of Producing Formation PADDOCK | | Top Oil/Gas Pay 5117 | | Tubing Depth 5277 | | | |
| Perforations 5117-22'; 5125-30'; 5147-52'; 5156-62'. | | | | | Depth Casing Shoe 5337 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 6-1/4" | 5" Liner | | TOP 3522 | | 180 | | | |
| | | | BOTTOM 5337 | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 2-12-74 | Date of Test 2-19-74 | Producing Method (Flow, pump, gas lift, etc.) PUMP | |
| Length of Test 24 HOURS | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test 59 | Oil-Bbls. 37 | Water-Bbls. 22 | Gas-MCF TSTM |

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
C. L. Wade

AREA SUPERINTENDENT (Signature)

FEBRUARY 19, 1974 (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY John W. Runyan
TITLE _____

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.