

U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-AMOCC
1-W.L. Boone-Houston
1-R.J. Starrak-Midland
1-File

Effective 1-1-65

Operator GETLY 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"/>	CASINGHEAD GAS MUST NOT BE FLASSED AFTER 2/3/74 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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 STATE "I"	Well No. 2	Pool Name, including Formation MONUMENT PADDOCK	Kind of Lease State, Federal or Fee STATE	Lease No. B-2330
Location Unit Letter <u>K</u> ; <u>1980'</u> Feet From The <u>SOUTH</u> Line and <u>1980'</u> Feet From The <u>WEST</u> Line of Section <u>16</u> Township <u>20-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> 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 CORPORATION	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. 20-S	Rge. 37-E	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) XX	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>	
Date Start WO NOVEMBER 27, 1973	Date Compl. Ready to Prod. 12-7-73	Total Depth 6605'	P.B.T.D. 6440'
Elevations (DF, RKB, RT, GR, etc.) 3541 D.F.	Name of Producing Formation PADDOCK	Top Oil/Gas Pay 5124'	Tubing Depth 5114'
Perforations 5124, 25, 26, 27, 28, 29, 30, 31, 32, 42, 43, 44, 45, 46, 54, 55, 56, 57, 58, 59, 60, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88.			Depth Casing Shoe 6604'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13"	234'	250 Sx.
12"	9-5/8"	1158'	550 Sx.
8-3/4"	7"	3776'	350 Sx.
6-1/4"	5" Liner	6604'	200 Sx.

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)

Date First New Oil Run To Tanks 12-3-73	Date of Test 12-11-73	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 17 HOURS	Tubing Pressure -	Casing Pressure --	Choke Size 2"
Actual Prod. During Test 165	Oil-Bbls. 129	Water-Bbls. 36	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

C.L. Wade:

(Signature)

AREA SUPERINTENDENT

(Title)

DECEMBER 11, 1973

(Date)

HBS/bh

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

SUPREMACY DISTRICT I

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.