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

5-NMOCC
1-Dist.Prod. Mgr. - Midland
1-Div. Prod. Mgr. - Houston
1-File

I.

Operator: GETTY OIL COMPANY

Address: P.O. BOX 249, HOBBS, NEW MEXICO 88240

Reason(s) for filing *(Check proper box)*

New Well ☐	Change in Transporter of:		Other *(Please explain)*
Recompletion ☐	Oil ☐	Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas [XX]	Condensate ☐	

If change of ownership give name and address of previous owner ______

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
S. J. SARKEYS	3	DRINKARD	FEE	

Location

Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST

Line of Section 26 Township 21 Range 37 , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
TEXAS NEW MEXICO P.L. COMPANY	P.O. BOX 1510, MIDLAND, TEXAS 79702
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	**Address *(Give address to which approved copy of this form is to be sent)***
GETTY OIL COMPANY	BOX 1135, EUNICE, NEW MEXICO 88231

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	26	21	37	YES	3-1-77

If this production is commingled with that from any other lease or pool, give commingling order number: PC-210

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 *(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)*

OIL WELL

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 *(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.

C. L. Wade: C. L. Wade
(Signature)

AREA SUPERINTENDENT
(Title)

APRIL 11, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 15 1977, 19

BY Orig. Signed by John Runyan

TITLE Geologist

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.