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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-NMOCC
1-WL BOONE - HOUSTON
1-JE PIERCE - MIDLAND
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 <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input checked="" type="checkbox"/>
	Condensate <input checked="" type="checkbox"/>
Other (Please explain.)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. J. SARGENT	Well No. 4	Pool Name, Including Formation BLINEBRY	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter F ; 1980 Feet From The NORTH Line and 1980 Feet From The WEST				
Line of Section 26 Township 21 Range 37 , NMPM, LRA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1510, MIDLAND, TEXAS	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1135, EUNICE, NEW MEXICO	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 26
	Twp. 21	Rge. 37
	Is gas actually connected? YES	
	When 1-3-72	

If this production is commingled with that from any other lease or pool, give commingling order number: **SKELLY OIL COMPANY MERGED
INTO GETTY OIL COMPANY**

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as Previous
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
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	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.

ORIGINAL SIGNED BY:
C. L. Wade

C. L. Wade (Signature)

AREA SUPERINTENDENT

(Title)

APRIL 6, 1972

(Date)

WLG/bh

OIL CONSERVATION COMMISSION

APPROVED **APR 10 1972**, 19

BY **Joe D. Ramey**

TITLE **Dist. L. Supv.**

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.

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of 1942, the
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OIL CONSERVATION COMM.
HOBBS, M. M.