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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

If change of ownership give name and address of previous owner **Hidewater Oil Company, P. O. Box 249, Hobbs, New Mexico 88240**

Lease Name <b>S. J. Sarkeys</b>		Well No. <b>4</b>	Pool Name, Including Formation <b>Tubb</b>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location						
Unit Letter <b>F</b>	<b>1980</b>	Feet From The <b>North</b>	Line and <b>1980</b>	Feet From The <b>West</b>		
Line of Section <b>26</b>	Township <b>21S</b>	Range <b>37E</b>	<b>NMPM,</b>		<b>Lea</b>	County

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> <b>Texas New Mexico Pipeline Co.</b>							Address (Give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>		
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Co.</b>							Address (Give address to which approved copy of this form is to be sent) <b>Box 1384, Jal, New Mexico</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>26</b>	Twp. <b>21</b>	Rge. <b>37</b>	Is gas actually connected? <b>Yes</b>	When			

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

Desigrate Type of Completion - (X)									
<input type="checkbox"/> Oil Well	<input 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 Rest.	<input type="checkbox"/> Diff. Rest.		
Date Spudded		Date Compl. Ready to Prod.		Total Depth		F.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			

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	

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. E. Wadell**  
(Signature)  
**Area Superintendent**  
(Title)  
**September 30, 1967**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Joe A. [Signature]**

TITLE **SUPERVISOR DISTRICT 1**

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.