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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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator: Getty Oil Company

Address: P. O. Box 249, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Ownership [X]

Change in Transporter of:
Dry Gas [ ]
Casinghead Gas [ ]
Condensate [ ]

If change of ownership give name and address of previous owner: Coquina Oil Company, Inc., Box 249, Hobbs, New Mexico 88240

I. DESCRIPTION OF WELL AND LEASE

Lease Name: J. H. Day Well No.: 2 Pool Name, Including Formation: Jalmat Kind of Lease: State, Federal or Fee: Fee

Location
Unit Letter: D Feet From The: North Line and: 990 Feet From The: West

Line of Section: 6 Township: 22S Range: 36E NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] Condensate [ ]: Texas New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent): Box 1410, Midland, Texas

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent): Phillips Bldg., Odessa, Texas

If well produces oil or liquids, give location of tanks: Unit D Sec. 6 Twp. 22 Rge. 36 Is gas actually connected? Yes When?

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

III. 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:

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.

(signature)

Area Superintendent
(Title)

September 9, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED: , 19

BY:

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.