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STATE OF NEW MEXICO				Form 6-104 Revised 10	-1-78	
IGY AND MINERALS DEPARTMENT	OIL CONSERVA	TION DIVISIO	N OF	5 NMOCD-Hobbe		
	P. O. BOJ	РО ПОХ 2088)+5-NMOCD-Hobbs File	
SANTA FE	SANTA FE, NEW	MEXICO 87501	_	Engr. DW		
rn.t				Foreman CRM		
LAND UPFICR				Laura Richardsor	ì	
IRANSPONTER UIL	AN		_	JA 8 WIO's	•	
	AUTHORIZATION TO TRANSP	ORT OIL AND HATU	RAL GAS 1-	BW 1-BB, 1-CB	1-CP	
PROMATION OFFICE						
Getty Oil Company						
Address		······	. <u> </u>			
P.O. Box 730, Hobbs, M	NM 88240					
Reason(s) for filing (Check proper box)	and the second	Other (Pleas	e esplain)			
New Well	Change in Transporter of:					
Recompletion						
Change in Ownership	Casinghead Cas Conden	Transpor	Ler Name			
If change of ownership give name						
and address of previous owner						
L DESCRIPTION OF WELL AND I	Hell No. Pool Name, Including Fo		Kind of Lease		Lease No.	
Federal 15 Com "A"	1 E. Bootleg Ridg		State, Federa		NM-128	
			-l			
	an Couth Ma	1980	Feet From 1	East		
Unit Letter J : : 198	80 Feet From The South Line	• ang				
Line of Section 15 T.	mahip 225 Range	33E , NMPN	4. Lea		County	
		_				
L DESIGNATION OF TRANSPORT	OF CONDENSITE XX	S Address (Give address	to which approv	ved copy of this form is to	be sentj	
Nome of Authorized Transporter of Cil Getty Trading & Transpo		P.O. Box 114				
Name of Authorized Transporter of Cas		Address (Give address	to which approv	ved copy of this form is to	be sent]	
Llano Inc,		P.O. Box 132), Hobbs,	NM 88240		
li well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec	ted? Whi			
give location of tanks.	J 15 22 33	Yes	h	1-7-82		
If this production is commingled wit	th that from any other lease or pool,	give commingling orde	er number:			
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Hes"	v. Diff. Reafy	
Designate Type of Completio	n = (X)	i i			· · · · · · · · · · · · · · · · · · ·	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
		Top Oil/Gas Pay		Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gds Pdf				
		· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe		
Perforations						
	TUBING, CASING, AND	D CEMENTING RECO	RD			
HOLE SIZE	EASING & TUBING SIZE	DEPTH	ET	SACKS CEMI		
					<u> </u>	
				•		
	OR ATTOWARIE Test must be p	fier recovery of iotal vol	ume of load oil	and must be equal to or es	cceed top allo	
V. TEST DATA AND REQUEST F	able for this de	epth or be for full 24 hou Producing Method (Fic	rs)			
Date First New Dil Run To Tonks	Date of Test	Producing Method (r ic	w, yump, gas H	·,····/		
·		Casing Pressure		Choke Size		
Length of Test	Tubing Pressure					
Actual Prod. During Test	Cil-Bhla.	Water-Bbls.		Gas-MCF		
		<u> </u>				
				•		
GAS WELL		Bble. Condensate/AM	CF	Gravity of Condensate		
Actual Frod. Teal-MCF/D	Longih pi Teat					
Testing Wethod (pitol, back pr.)	Tubing Preseure (Shut-in)	Casing Presawe (5bu	t-in)	Chote Size		
CERTIFICATE OF COMPLIANCE		DIL CONSERVATION DIVISION				
		APPROVED	an 24 19	983	19	
I hereby certify that the rules and	regulations of the Olf Conservation	APPROVED_				
Division 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				
		ORIG	THE W. SE	AY		
1011			to be filed in	compliance with RULE	1124.	
Ma IInland	This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despend- well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.					
- JICHA NIKA						
(Signalwe) Area Superintendent		All sections of this form must be filled out completely for allow				
Area Superincendenc		All sections of this form that to the terms of the section of the form that the section of the s				



-NMOCD-Hobbs, 1-Fi STATE OF NEW MEXICO	AIT.		B, 1-CB, 1-Laura Richardso: Form (-104 Revised 10-1-78				
•• •• •• •• •••	OIL CONSERVATION DIVISION						
(111 1 M IM 11 1014	P. O. UO						
1ANTA 7.4	SANTA FE, NEW	/ MEXICO 87501					
U 6.0.4.	AND OFFICE COL						
OPENATION	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
Getty Oil Company							
P.O. Box 730, Hobb		T and the second se					
Reason(s) for filing (Check prop	er boxj Change in Transporter of:	Other (Please explain)					
New Well Recompletion Change in Ownership	Cil Dry Ga Casinghead Gas Conder						
If change of ownership give n and address of previous owne	sne f						
A. DESCRIPTION OF WELL	Well No. 1 PODE NUMEZ INCLOSED	ormalion - Ann Kind of Low	Lease No.				
Federal 15 Com "A"	1 Morrow	State, Fede	nal or Fee NM-12846				
Unit LetterJ ;	1980 Feet From The FSL Lin	e and 1980 Feet From	n TheFEL				
Line of Section 15	T. mship 22S Range	33Е , ММРМ,	Lea County				
1. DESIGNATION OF TRANS	CONTER OF OIL AND NATURAL CA	A34.033 (0100 000 000 000 000 000 000 000 000 0	roved copy of this form is to be sent)				
Western Crude Oil,	Inc. (trucks)	P.O. Box 1142, Midla Address (Give address to which app	roved copy of this form is to be sent)				
Name of Authorized Transporter Llano, Inc.	of Casinghead Gas or Dry Gas 🗶	P.O. Box 1320, Hobbs					
li well produces oil or liquida,	Unit Sec. Twp. Rge.		January 7, 1982				
give location of tanks.	J 15 22 33	Yes	Sanuary 7, 1982				
If this production is comming Y. COMPLETION DATA	led with that from any other lease or pool,		Plug Back 'Same Res'v. Diff. Res'v.				
Designate Type of Con	onletion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Date Spudded	Date Campl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, CR,	etc.j Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations			Depth Casing Shoe				
	TUBING, CASING, AN	D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
V. TEST DATA AND REQUE	EST FOR ALLOWABLE (Test must be a able for this d	epth or be for full 24 hours)	il and must be equal to or exceed top allow-				
OIL WELL Date First New Oil Run To Tar	Les Date of Test	Producing Method (Flow, pump, gas	lijt, etc.)				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
Actual Prod. During Test	Cil-Bble.	Wator-Bbls,	Gas-MCF				
L							
GAS WELL Actual Prod. Tout-MCF/D	Length of Teet	Bbls. Condensate/AMCF	Gravity of Condensate				
Testing Method (pitol, back pr.) Tubing Pressure (Shnt-in)	Casing Pressure (Shut-in)	Chote Size				
1. CERTIFICATE OF COMP	LIANCE	DEC 20	1982				
I hereby certify that the rule	e and regulations of the Oll Conservation	APPROVED					
Division have been compli- above is true and complete	d with and that the information given to the best of my knowledge and belief.	JERRY SEXTON	٩				
, / /		DISTRICT SUP	R. compliance with RULE 1104.				
Delil Charles	D.R. Crockett	If this is a request for allowable for a newly drilled or despense					
	(Signolwe) uperintendent	All sections of this form must be filled out completely for allow					
Area S	(Tule)						
December 15, 1982		Fill out only Sections I, II, III, and VI for changes of owner wall name or number, or transporter, or other such change of condition					