STATE OF NEW MEXICO							
ENERGY AND MINERALS DEPARTMENT							
· · · · · · · · · · · · · · · · · · ·						Form C-10	
						Revised 10	
BANTA FE	OIL	CONSERV	ATION D	IVISIO	DN	Format 06 Page 1	01-83
FILE		P. O. BC	DX 2088				
V.S.G.A.	64			07501			
LAND OFFICE	54	NTA FE, NE	WMEXICC	0 87501			
	۰.						
TRANSPORTER GAS							
OPERATOR		REQUEST FO		ile I			
PROMATION OFFICE		•	ND		•		
······································	AUTHORIZA	TION TO TRANS	PORT OIL A	ND NATU	RAL GAS		
Operator		<u></u>					
Getty Oil Company							
Address							
P.O. Box 728, Hobbs, N	.M. 88240						
Reason(s) for filing (Check proper box)			01	her (Please	explain)		··
New Well	Change in Tra	sporter of:	1				
Recompletion			ry Gas				
Change in Ownership	Casinghea		ondensate				
f change of ownership give name and address of previous owner					_		
I. DESCRIPTION OF WELL AND I		Clive, at	toka	Ja _	£7957	71-85	
Lease Name	1 1	Name, Including F	ormation	2.	Kind of Lease		Lease No.
Bilbrey Fed Com	1   <i>P</i>	toka Jour	il la	-	State, Federal or Fe	• Federal	M-14332
Location		·····			······································		
Unit Letter C : 1980	Feet From The	WestLin	and 660		_ Feet From The	North	
Line of Section 4 Townsh	1p 22S	Range	32E	, NMPM	Iea		County
III. DESIGNATION OF TRANSPOF							
Name of Authorized Transporter of Oil	or Conden		L Adaress (Giv	e address t	o which approved cop	y of this form is	to be sent)
Western Grude Oil, Inc	F	Charles I	P.O. B∈	<del>x 1103</del>	, Houston, TX	- <del>77001</del>	
Name of Authorized Transporter of Casingi		r Dry Gas X					o be senti
Transwestern Pipeline Co.			Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521 Houston TV 77001				
			P.O. Box 2521, Houston, TX 77001				
If well produces oil or liquids,	II Sec.	Twp. Ree.	ls gas actual	ly connecte	d? When		
give location of tanks.	C 4	22 32	Yes		3/	19/82	
this production is commingled with the	at from any oth	er lease or pool,	give comming	ling order			· · · · · · · · · · · · · · · · · · ·
NOTE: Complete Parts IV and V or	reverse side if	necessary.					
I. CERTIFICATE OF COMPLIANCE				OIL CO	NSERVATION I		
					<b>APR 2 2</b>		
hereby certify that the rules and regulations of			APPROVE	ID			J9
een complied with and that the information given is true and complete to the best of hy knowledge and belief.			BYORIGINAL SIGNED BY JERRY SEXTON				

1

my knowledge and belief.

W.B. C (Signature)

Dist. Opr. Mgr. (Tule) April 5, 1985

(Date)

APPROVED	APR 2 2 1985
BY	ORIGINAL SIGNED BY JERRY SEXTON 9
	DISTRICT
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 AULE 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.

## IV. COMPLETION DATA

Designate Type of Completio		Cii Well	Gas Well	New Well	Workover	i Deepen i	Plug Back	' Same Res'v. I I	'Diff. Res'v 1 !
Date Spudded 7/31/81	Date Compl. Ready to Prod. 4/1/85		Total Depth 15,105'			P.B.T.D. 14,200'			
Elevations (DF, RKB, RT, GR, esc.) 3791.9 GR	Name of Proc Atoka				Tubing Depth 13,395'				
Perforations 13,714-26' and 13,638							Depth Casir	ng Shoe	
	·····	TUBING, C	CASING, AN	D CEMENTI	NG RECOR	D			
HOLE SIZE	CASIN		NG SIZE	1	DEPTH SE	т	SACKS CEMENT		NT
17 1/2"	13 3/8			533			500		
12 1/4"	9 5/8			4850		3250			
8 1/2	7		····	12961			2450		
	4 1/2	<u> </u>		15100			400		

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 allow-OIL WELL able 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-Bbis.	Water - Bble.	Gas-MCF ·	
	1			

## GAS WELL

Actual Prod. Test-MCF/D 1244	Length of Test 24 hour	Bbis. Condensate/MMCF 11 BO	Gravity of Condensate 52.5
Teeting Method (pilot, back pr.)	Tubing Pressure ( Shut-in )	Casing Pressure (Shut-in)	Choke Size
	6000#	_	10 1/2"

RECEIVED ARR 1 2 1985 C. C. C. C. C.