

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

0+5-NMOCD-Hobbs
1-File
1-Engr.
1-Foreman CRM
1-BW 1-BB, 1-CP 1-CB
1-JA 10-WIO's
1-Laura Richardson

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator Getty Oil Company	
Address P.O. Box 730, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Transporter Name Change

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Bilbrey Fed Com	Well No. 1	Pool Name, including Formation Bilbrey Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM-14332
Location Unit Letter <u>C</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>North</u> Line of Section <u>4</u> Township <u>22S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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"/> Getty Trading & Transportation Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1142, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 4	Twp. 22	Rge. 32	Is gas actually connected? Yes	When 3-19-82

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

IV. COMPLETION DATA			
Designate Type of Completion - (X)	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 Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>		
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-Bble.	Water-Bble.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
 D.R. Crockett (Signature)	Area Superintendent
	(Title)
	January 20, 1983
	(Date)

OIL CONSERVATION DIVISION	
APPROVED <u>JAN 24 1983</u> , 19	
BY <u>EDDIE W. SEAY</u>	
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 Form C-104 must be filed for each pool in multiple completed wells.	

RECEIVED

JAN 21 1983

O.C.D.
HOBBS OFFICE