

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

GETTY OIL COMPANY

Address

P.O. BOX 730, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CONNECTED TO PIPELINE 3-19-82.

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
BILBREY FED. COM.	1	<i>Bilbrey</i> UNDESIGNATED MORROW	State Federal or XXX	NM-14332

Location

Unit Letter C : 1980 Feet From The WEST Line and 660 Feet From The NORTHLine of Section 4 Township 22-S Range 32-E , NMPM, LEA County

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
WESTERN CRUDE OIL, INC. (TRUCKS)	P.O. BOX 1142, MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TRANSWESTERN PIPELINE COMPANY	P.O. BOX 2521, HOUSTON, TEXAS 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>C</u> <u>4</u> <u>22</u> <u>32</u>	<u>YES</u> <u>3-19-82</u>

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7-31-81	1-16-82	15,105'	15,056'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3791.9' GR	MORROW	14,527'	14,233'					
Perforations			Depth Casing Shoe					
14,527 - 14,606' = 33 (.25") HOLES			15,105'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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	15100	400
		14233	

4. TEST DATA AND REQUEST FOR ALLOWABLE 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 WILL 4 PT. ON LINE.

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/WCFE	Gravity of Condensate
184	9 HRS.	0	--
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
BACK PRESSURE	-	-	18/64"

5. 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.

Dale R. Crockett:

(Signature)

AREA SUPERINTENDENT

(Title)

3-19-82

(Date)

/BH

OIL CONSERVATION DIVISION

APPROVED **MAR 29 1982**, 19

ORIGINAL SIGNED BY

BY JERRY SEXTONTITLE DISTRICT 1 SUPR.

This form is to be filed in compliance with RULE 1101.

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 multiple completed wells.

RECEIVED

MAY 19 1982

G.C.B.
HOEBS OFFICE