

0+6-NMOCD-Hobbs
1-File
1-Engr. DW
1-Foreman
1-Mr. J.A.-Midland
1-Laura Richardson-Midland
1-JA, 1-BB, 1-SH, 1-CP

Getty Oil Company

P.O. Box 730, Hobbs, NM 88240

Assignment for filing (Check proper box)

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

Other (Please explain)

Notice of Gas Connection

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Fed 15 Com B	Well No. Pool Name, including Formation 1 Undesignated Morrow Pool	State, Federal or Foreign Federal	Lease No. NM-17440
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line of Section 15 Township 22S Range 33E, NMPM, Lea County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Getty Trading & Transportation	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 ☐ or Dry Gas ☒ United Gas Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1478, Houston, TX 77001		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 15	Twp. 22S
			Rge. 33E
	Is gas actually connected? Yes		when February 8, 1984

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RNS, 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

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)

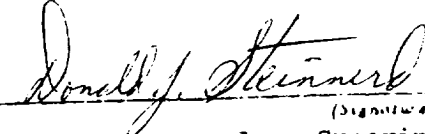
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

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)
February 17, 1984
(Date)

OIL CONSERVATION DIVISION

FEB 22 1984

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 deviated tools 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 transportation other such change of complete.
Separate Forms C-104 must be filled for each pool in multiple completed wells.

RECEIVED
FEB 21 1984
O.C.D.
HOBBS OFFICE