

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS0+5-NMOCD-Hobbs
1-File
1-Engr DW
1-Foreman
1-Laura Richardson
1-JA 3-WIO's
1-BW, 1-BB, 1-CB, 1-CP

OPERATOR	
TRANSPORTER	
LAND OFFICE	
FILE	
DISTRIBUTION	
SANTA FE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator
Getty Oil CompanyAddress
P.O. Box 730, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fed 15 Com B	Well No. 1	Pool Name, Including Formation East Goshute g. Ridge Undesignated	Kind of Lease State, Federal or Fee Federal	Lease No. NM-17440
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>22S</u> Range <u>33E</u> , NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1142, Midland, TX 79701	
Getty Trading & Transportation Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1478, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	United Gas Pipe Line Company	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 15
	Twp. 22S	Rge. 33E
	Is gas actually connected? <u>NO</u> When	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
		X	X					
Date Spudded 12/30/82	Date Compl. Ready to Prod. 4/4/83	Total Depth 15092'	P.B.T.D. 14,855'					
Elevations (DF, RNB, RT, CR, etc.) 3548.2 G.R.	Name of Producing Formation Morrow	Top Oil/Gas Pay 14768	Tubing Depth 14,347'					
Perforations 14768-14776 14778-14786 - Morrow		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1100'	1075 SXS
12 1/4"	9 5/8"	5460'	4000 SXS
8 1/2"	7"	11,500'	1860 SXS
	4 1/2" liner	15,092'	700 SXS

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-Bbls.	water-Bbls.	Gas-MCF

GAS WELL (Shut in waiting on Sales Line)

Actual Prod. Test-MCF/D 1,179 MCFPD	Length of Test 2 1/2 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 3600#	Casing Pressure (Shut-in) 0	Choke Size 9/64"

VI. 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

Area Superintendent

May 2, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 17 1984, 19BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1124.

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 tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowables on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED
FEB 8 1924
HOBBS OFFICE