|              | NO. OF COPIES RECEIVED   | REQUEST FO   | NSERVATION COMMISSION   | Form C-104<br>Supersedes Old C-104 and C-110<br>* Effective 1-1-65 |
|--------------|--|--|---|--|
|              | U.S.G.S. AUTHORIZATION TO TRANS  |  | AND<br>SPORT OIL AND NATURAL GA   | AS   |
|              | GAS  |  |   |  |
| 1.           | PRORATION OFFICE   |  |   |  |
|              | Operator Getty Oil Company   |  |   |  |
| ŀ            | Address<br>P. O. Box 249, Hobbs, New Mexico 88240  |  |   |  |
|              | leason(s) for filing (Check proper box) Other (Flease explain)   |  |   |  |
|              | New Well     Change in Transporter off       Recompletion     Off   Dry Gas  |  |   |  |
|              | Change in Ownership X Casinghead Gas Condensate  |  |   |  |
|              | If change of ownership give name address of previous owner   | Tidewater Oil Company, H   | . 0. Box 249, Hobbs, Ne   | w Mexico 88240   |
| 11.          | DESCRIPTION OF WELL AND LE   | ASE  | matten Kind of Lease  | Lease No.  |
| 1            | Lease Name<br>State "A"  | Well No. Fool Name, including For.<br>2 Eunice   | mation Kind of Lease<br>State, Federal  | i - ·  |
|              | Location   |  |   | East   |
|              |  | Feet From The <u>North</u> Line  | _   |  |
|              | Line of Section 8 Towns  | hip 218 Range  | 36E , NMPM,   | Lea County   |
| I <b>n</b> . | DESIGNATION OF TRANSPORTE  | R OF OIL AND NATURAL GAS   | Address (Give address to which approv   | ed copy of this form is to be sent,                                |
|              | Name of Authorized Transporter of Oil Texas New Me   | exico Pipeline Co.   | P. O. Box 1510. Mid1  | and. Texas   |
|              | Name of Authorized Transporter of Casinghead Gas X or Dry Gas<br>Phillips Petroleum Co.  |  | Address (Give address to which approved copy of this form is to be sent)<br>Phillips Bldg., Odessa, Texas |  |
|              | If well produces oil or liquids,   | Init Sec. Twp. Ege.  | Is git actually connected? Whe  |  |
|              | give location of tanks.<br>If this production is commingled with   | and the second | ive commingling order number:   | · · _ ·  |
| IV.          | COMPLETION DATA  | Of Well Im Sell  | tlew Well Workover Deepen   | Plan Frank - Same Renty, Edit, Frenty,                             |
|              | Designate Type of Completion   | 1 I I I I I I I I I I I I I I I I I I I  | Total Septh   | F.B.T.D.   |
|              | Date Spudded   | Cate Compl. Ready to bred.   | . ordi ( 199) (or   | · · · · · · · · · · · · · · · · · · ·                              |
|              | Elevations (DF, RKB, RT, GR, etc.,   | Name of Producing Formattion   | Top Oil Gas Pay   | Turing Depth<br>F  |
|              | Perforations   |  |   | Liepth Craing Shoe   |
|              |  | TUBING, CASING, AND CEMENTING RECORD   |   |  |
|              | HOLE SIZE  | CASING & TUBING SIZE   | DEPTH SET   | SACKS CEMENT   |
|              |  |  | · · · · · · · · · · · · · · · · · · ·   |  |
|              |  |  |   |  |
| 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 able for this depth or be for full 24 hours)                                 |  |   |  |
|              | OIL WELL<br>Date First New Oil Run To Tanks  | Date of Tost   | Producing Method (Flow, pump, gas li  | ft, etc.)  |
|              | Length of Test   | Tubing Pressure  | Casing Pressure   | Choke Size   |
|              | Actual Prod. During Test   | Oil-Bbis.  | Water-Bbls.   | Gas-MCF  |
|              | Vetual Prod. During 1991   |  |   |  |
|              | GAS WELL   |  |   |  |
|              | Actual Prod. Test-MCF/D  | Length of Test   | Bbls. Condensate/MMCF   | Gravity of Condensate  |
|              | Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in )   | Casing Pressure (Shut-in)   | Choke Size   |
|              | . CERTIFICATE OF COMPLIANC   | F  | OIL CONSERV   | ATION COMMISSION   |
| • 1          | I hereby certify that the rules and regulations of the Oil Conservation<br>Commission have been complied with and that the information given<br>above is true and complete to the best of my knowledge and belief. |  | APPROVED  |  |
|              |  |  | BY Saf C  | the free   |
|              |  |  | TITLE SIDE / 17   |  |
|              |  |  | This form is to be filed in   | compliance with RULE 1104.   |
|              | C. o. Made   |  | If this is a request for allo   | wable for a newly drilled or deepens                               |
|              | (Signature)<br>Area SuperIntendent   |  | tests taken on the well in acco   | ust be filled out completely for allow                             |
| i<br>K       | (Title)<br>Sortimener 30. 1967   |  | · betelgmoner in  | vella.   |
|              |  |  |   |  |
|              |  |  |   |  |