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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I.

Operator
Getty Oil Co.

Address
Box 249, Hobbs, N. M.

Reason(s) for filing (Check proper box) — Other (Please explain)

New Well: —
Recompletion: —
Change in Ownership: X
Change in Transporter of: Oil —, Dry Gas —, Casinghead Gas —, Condensate —

If change of ownership give name and address of previous owner: Tidewater Oil Co., Box 249, Hobbs, N. M.

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Percy Hardy	1	Blinebry	Fee

Location
Unit Letter P, 660 Feet From The South Line and 660 Feet From The East
Line of Section 17, Township 21S, Range 37E, NMPM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X or Condensate — Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co. — Box 1510, Midland, Texas

Name of Authorized Transporter of Casinghead Gas X or Dry Gas — Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Company — Box 1135, Eunice, New Mexico

If well produces oil or liquids, give location of tanks.
Unit: O, Sec. 17, Twp. 21, Rge. 37 — Is gas actually connected? Yes — When? Feb., 1966

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)

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

Perforations

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 allowable for this depth or be for a full 24 hours)

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

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. E. Wade
(Signature)

Area Supt.
Title

Sept. 30, 1967
Date

OIL CONSERVATION COMMISSION

APPROVED _____, 19 ____

BY _____

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 Forms C-104 must be filed for each pool in multiply completed wells.