

OIL CONSERVATION DIVISION

P. O. BOX 7088

SANTA FE, NEW MEXICO 87501

5-NMOCD-Hobbs

1-File

1-Engr. DW

1-Foreman

1-Laura Richardson-Midland

1-BW, 1-BB, 1-CP, 1-CB

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LOCATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Getty Oil Company

Address

P.O. Box 730, Hobbs, NM 88240

Reason(s) for filing (check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (please explain)

Reclassified from Gas to Oil.

If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Percy Hardy	2	Blinebry	State, Federal or Fee Fee	
Location				
Unit Letter	0	660'	Feet From The South Line and	1980'
Line of Section		17	Township	21S
Range		37E	NMPM,	Lea
County				

II. 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)	
Texas New Mexico PL CO.	P.O. Box 1510, Midland, TX 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)	
Getty Oil Company	Box 1135, Eunice, NM 88231	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	0	17
	21S	37E
Is gas actually connected?	When	
Yes	2-3-75	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, 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

IV. 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 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

I. 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
(Signature)

Area Superintendent

(Title)

July 21, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 26 1982, 19BY D.R. Crockett

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 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 Form O-104 must be filed for each pool in multiple

RECEIVED

JUL 25 1982

U.S.
HOUSE OF REPRESENTATIVES