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FILE
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-
Effective 1-1-65

I

Operator: Getty Oil Co.

Address: Box 249, Hobbs, N. M.

Reason(s) for filing (Check proper box)

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

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	Lease No.
Percy Hardy	2	Blinebry	State, Federal or Fee	Fee

Location: Unit Letter O, 660 Feet From The South Line and 1980 Feet From The East Line

Section 17 Township 21S Range 37E NMPM Lea County

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 Co. 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: May, 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: ___ Tubing Depth: ___

Perforations: ___ Depth Casing 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 allowable for this depth or be for 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.

C. F. Clark
(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.