

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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

5 - NMOCD - Hobbs
1 - CM - Foreman
1 - DW - Engr

1 - File
1 - BW
1 - WLJ
1 - BB

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

Operator
Getty Oil Company

Address
P.O. Box 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Reclassified from gas to oil 1/1/82
Casinghead Gas MUST NOT BE
EXCEPTED FROM
EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name D.C. Hardy	Well No. 5	Pool Name, Including Formation <i>Blinchup</i>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
--------------------------	---------------	---	---	-----------

Location
Unit Letter P : 760 Feet From The SOUTH Line and 760 Feet From The EAST
Line of Section 20 Township 21-S Range 37-E , NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1008, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137, Eunice, NM 88231

If well produces oil or liquids, give location of tanks.	Unit P	Sec. 20	Twp. 21-S	Rge. 37-E	Is gas actually connected? NO	When 1-1-82
---	-----------	------------	--------------	--------------	----------------------------------	----------------

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.					
Elevations (DF, RKB, RT, CR, 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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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

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.

Dale R. Crockett
Dale R. Crockett (Signature)
Area Superintendent
11/18/81
(Date)

OIL CONSERVATION COMMISSION
APPROVED *DEC 2 1981*, 19
BY *Jerry S. ...*
TITLE *Dist. ...*

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 portions 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