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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOCC-Hobbs  
1-R.J. Starrak-Tulsa  
1-A.B. Cary-Midland  
1-File  
1-EB-Engr.  
1-BH-Fld. Clk.  
1-CM-Foreman

I. Operator:  
Getty Oil Company  
Address:  
Box 730, Hobbs, New Mexico 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):  
PLACE WELL BACK ON PRODUCTION

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name D. A. Williamson	Well No. 1	Pool Name, Including Formation Blinebry	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137, Eunice, New Mexico 88231					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 23	Twp. 21	Rge. 37	Is gas actually connected? Yes	When 6-28-79

If this production is commingled with that from any other lease or pool, give commingling order number: PC-503

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date <del>XXXX</del> Rework 6/26/79	Date Compl. Ready to Prod. 6/28/79	Total Depth 6620	P.B.T.D. 6544'					
Elevations (DF, RAB, RT, GR, etc.) 3402 GR	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5754	Tubing Depth 5826'					
Perforations 5754 - 5854'	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	TUBING SIZE		DEPTH SET		SACKS CEMENT			
Drinkard Tubing	2-1/16		6166					
	Baker Loc-Set Packer		5938					
Blinebry Tubing	2-1/16		5826					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 6/28/79	Date of Test 6/28/79	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 65	Casing Pressure Packer	Choke Size None
Actual Prod. During Test 35	Oil-Bbls. 35	Water-Bbls. 0	Gas-MCF 60

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (putt, 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.

Dale R. Crockett: [Signature]  
(Signature)  
Area Superintendent  
(Title)  
July 10, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 13 1979, 19  
BY Jerry Sexton  
Orig. Signed by  
Dist. 1. Supv.  
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 change 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.