

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5 - NM OCC
1 - Mr. W. L. Boone - Houston
1 - Mr. R. L. White - Midland
1 - File

I.

TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		
Getty Oil Company		
Address		
Box 249, Hobbs, N. Mex.		
Reason(s) for filing (Check proper box)		
New Well	<input type="checkbox"/>	Change in Transporter of:
Recompletion	<input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner		Other (Please explain) CASINGHEAD GAS MUST NOT BE EXEMPTED FROM PAYMENT OF SEVERITY TAX EXEMPTION TO R-4070 IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)						
Texas New Mexico Pipe Line Co.	P. O. Box 1510, Midland, Texas 79701						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)						
Skelly Oil Co.	P. O. Box 1135, Eunice, N. Mex. 88231						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	As soon as physical connection can be made.
	D	23	21	37	No		

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

Being requested

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
SPILL Rework	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Spill	11-11-74	Date Compl. Ready to Prod.	11-21-74	Total Depth	6620	P.B.T.D.	6351	
Elevations (DF, RKB, RT, GR, etc.)	3402 Gr.	Name of Producing Formation	Drinkard	Top Oil/Gas Pay	6409	Tubing Depth	6166	
Perforations	6409 - 6526					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	Drinkard Tubing	CASING/TUBING SIZE	2-1/16	DEPTH SET	6166	SACKS CEMENT		
		Baker Loc-Set Packer		5938				
	Blinbry 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	11-22-74	Date of Test	11-25-74	Producing Method (Flow, pump, gas lift, etc.)	Flow
Length of Test	24	Tubing Pressure	400	Casing Pressure	Packer
Actual Prod. During Test	154	Oil - Bbls.	148	Water - Bbls.	6
				Choke Size	15/64
				Gas - MCF	431

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.

Area Superintendent

November 27, 1974

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.