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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-110
Effective 1-1-65

5-NMOCC
1-W.L. BOONE-HOUSTON
1-J.E. PIERCE - MIDLAND
1-FILE
2-THE FLUOR CORP.-MIDLAND

I. Operator
GETTY OIL COMPANY

Address
P.O. BOX 249, MOORE, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED ATTEMPTED
UNLESS IN CONNECTION TO R-4070
IS O.K.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name PERCY HARDY	Well No. 4	Pool Name, Including Formation PENROSE SKELLY GRAYBURG	Kind of Lease State, Federal or Fee FFR	Lease No.
Location				
Unit Letter 0 ; 990 Feet From The SOUTH Line and 2310 Feet From The EAST				
Line of Section 17 Township 21 S Range 37 E , NMPM, LEA 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 PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) BOX 1510, MIDLAND, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SKELLY OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) BOX 1135, EUNICE, NEW MEXICO					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 17	Twp. 21 S	Rge. 37 E	Is gas actually connected? NO	When As soon as connection can be made.

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-8-71	Date Compl. Ready to Prod. 7-24-71		Total Depth 3850		P.B.T.D. 3832			
Elevations (DF, RKB, RT, GR, etc.) 3478 GR	Name of Producing Formation GRAYBURG		Top Oil/Gas Pay 3700		Tubing Depth 3648			
Perforations 3700-3786					Depth Casing Shoe 3849			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8-5/8		1257		500			
7-7/8	5-1/2		3849		900			
	2-3/8		3648					

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 7-24-71	Date of Test 7-24-71	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24	Tubing Pressure 120	Casing Pressure FFR	Choke Size 20/64
Actual Prod. During Test 124	Oil-Bbls. 75	Water-Bbls. 49	Gas-MCF 58

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.

ORIGINAL
C. L. WADE

C. L. WADE (Signature)
AREA SUPERVISOR
(Title)

JULY 26, 1971
(Date)

WLG/bh

OIL CONSERVATION COMMISSION

APPROVED JUL 1971, 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.

RECEIVED

JUL 26 1971

OIL CONSERVATION COMAL.
HOBBS, N. M.