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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

5-MNOCC

1-Mr. E. H. Shuler

1-Mr. J. E. Pierce

1-File

2-Pioneer Corporation - Midland

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

I.

Operator		GETTY OIL COMPANY	
Address		P.O. BOX 249, HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)		Other (Please explain)	
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"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
PERCY HARDY	5	PENROSE SKELLY-GRAYBURG	State, Federal or Fee	FEE
Location				
Unit Letter	P	990 Feet From The	SOUTH	Line and 990 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"/>	Address (Give address to which approved copy of this form is to be sent)			
PERMIAN CORP.	P.O. BOX 3119, MIDLAND, TEXAS			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
SKELLY OIL COMPANY	P.O. BOX 1135, RUIDICE, NEW MEXICO			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	0	17	21S	37E
Is gas actually connected?	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX		XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7-28-71	8-12-71		3850		3802			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3465 GR	GRAYBURG		3698		3723			
Perforations					Depth Casing Shoe			
3698-3777					3849			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		1265		580			
7-7/8	5-1/2		3849		750			
	2-3/8		3723					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-12-71	8-13-71	FLOW	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
16 HOURS	50	PACKER	1/2"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
241	84	157	1143

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 SIGNED BY:
C. L. Wade

(Signature)

AREA SUPERVISOR

(Title)

AUGUST 13, 1971

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 18 1971, 19____
BY Lessie M. Clements
OIL & GAS INSPECTOR
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.

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AUG 17 1971

OIL CONSERVATION COMM.
MOBES, M. M.