

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

5-NMOCD-Hobbs 1-CM-Eunice
1-Adm. Unit-Midland 1-File
1-PJB-Engr. 1-BW

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

GETTY OIL COMPANY

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

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☒		
Recompletion ☐	Coasthead Gas ☐ Condensate ☐		
Change in Ownership ☐			

Exchange of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Getty 35 State	Well No. 1	Pool Name, including Formation East Grama Ridge - Morrow	Kind of Lease State, Federal or Free State	Lease No. L-723
Location Unit Letter K ; 2310 Feet From The South Line and 1650 Feet From The West Line of Section 35 Township 21S Range 34E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P.O. Box 3119, Midland, TX 79702					
Name of Authorized Transporter of Coasthead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
Getty Oil Company	P.O. Box 1137, Eunice, NM 88231					
Ilano, Inc.	P.O. Box 1320, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 35	Twp. 21S	Rge. 34E	Is gas actually compressed? Yes	1/20/81

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	Same Reservoir Unit
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.O.T.D.		
Devotions (DF, RKB, RT, GR, 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 lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

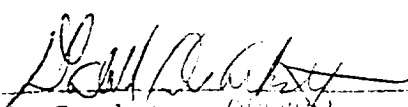
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate, MCF	Gravity of Condensate
Testing Method (pilot, test pt.)	Tubing Pressure (24hr-in)	Casing Pressure (24hr-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 (Signature)
Area Superintendent (Title)
March 5, 1981

OIL CONSERVATION COMMISSION

APPROVED BY  19
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 request must be accompanied by a tabulation of the monthly tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable to be considered acceptable.
Fill out only Sections I, II, III, and VI for changes of name, location, or ownership of well.