

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

0+6-NNOCD-Hobbs
1-File
1-Engr. Dennis
1-Foreman CRM
1-JA, 1-BB 1-CB, 1-CP
1-Mr. J.A.-Midland
1-Laura Richardson-Midland

OPERATOR	
TRANSPORTER	
REGULATORY OFFICE	
OPERATOR	

Getty Oil Company

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2/12/84
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

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

Changed zones to Bone Springs

If change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name Getty 6 State Com	Well No. 1	Pool Name, including Formation Undes. Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. L-5393
Location Unit Letter <u>K</u> : <u>3500</u> Feet From The <u>North</u> Line and <u>2200'</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>21S</u> Range <u>34E</u> , NMPM, Lea County				

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, TX 79702
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, NM 88231
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>No</u> When

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

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>
Date Spudded -	Date Compl. Ready to Prod. 12/17/83	Total Depth 13670'	P.B.T.D. 11,338'
Elevations (DF, RKB, RT, CR, etc.) 3753' GL	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 11,000'	Tubing Depth 10,810'
Perforations 11,000-11,006', 13 holes, 2 SPF 11,172-11,176', 9 holes, 2 SPF			Depth Casing Shoe -
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 8 1/2"	CASING & TUBING SIZE 7"	DEPTH SET 11,776'	SACKS CEMENT 20 SXS

4. 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 12/17/83	Date of Test 12/19/83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 10 hours	Tubing Pressure 120#	Casing Pressure -	Choke Size 22/64"
Actual Prod. During Test	Oil-Bbls. 85	Water-Bbls. 1 1/2	Gas-MCF 30 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

5. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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

Area Superintendent

December 20, 1983

OIL CONSERVATION DIVISION

DEC 22 1983

APPROVED
ORIGINAL SIGNED BY JERRY SEXTON
BY DISTRICT 1 SUPERVISOR

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 deviate 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 Form O-104 must be filed for each pool in multiple completed wells.