

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

0+5-NMOCD-Hobbs

1-File

1-Engr RH

1-Foreman CRM

1-Laura Richardson

1-BW 1-WIO Flour

1-JA 1-BB, 1-CP 1-CB

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator
Getty Oil CompanyAddress
P.O. Box 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Transporter Name Change

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Bilibrey 7 Federal	Well No. 1	Pool Name, including Formation South Salt Lake Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. 22809
Location Unit Letter <u>J</u> : <u>2180</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>21S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Getty Trading & Transportation Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1142, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1384, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 7	Twp. 21S	Rge. 32E	Is gas actually connected? No	When 5/6/82 will go on line

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (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		

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.)	
Length of Test	Tubing 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/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

D.R. Crockett

Area Superintendent

January 20, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 24 1983, 19____BY ORIGINAL SIGNED BY
EDDIE W. SEAYTITLE _____
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-101 must be filed for each pool in multiple completed wells.

RECEIVED
JAN 21 1983
O.C.D.
HOBBS OFFICE