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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-NMOCC
1-Mr. R. J. Starrak - Houston
1-Mr. R. L. White - Midland
1-File

Form C-104
Supersedes Old C-104 and C-1
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)

New Well ☐

Recompletion ☒

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name R. L. BRUNSON	Well No. 2	Pool Name, Including Formation DRINKARD	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter P 660 Feet From The SOUTH Line and 810 Feet From The EAST Line of Section 4 Township 22-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 PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1510, Midland, Texas 79701
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) P.O. Box 1135, Eunice, New Mexico
If well produces oil or liquids, give location of tanks.	Unit P Sec. 4 Twp. 22 Rge. 37 Is gas actually connected? Yes When 7-13-74

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

EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED
INTO GETTY OIL COMPANY

IV. COMPLETION DATA

Designate Type of Completion - (X) XXXX REWORK	Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back	Side Rm. or Re-liner	Other
Date Spudded 7-1-74	Date Compl. Ready to Prod. 7-13-74	Total Depth 7600	P.B.T.D. 6507					
Elevations (DF, RKB, RT, GR, etc.) 3441 D.F.	Name of Producing Formation DRINKARD	Top Oil/Gas Pay 6311	Tubing Depth 6404					
Perforations 6311-6543			Depth Casing Shoe 7599					
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 7-14-74	Date of Test 7-23-74	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 Hours	Tubing Pressure 400	Casing Pressure -	Choke Size 24/64"
Actual Prod. During Test 28	Oil - Bbls. 10	Water - Bbls. 18 LW	Gas - MCF 894

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

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.

Eugene J. Miller, AREA ENGINEER

July 24, 1974

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

JUL 25 1974

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BY

TITLE

SUPERVISOR

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.