

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
5-NMOCC - HOBBS  
1-W.L. BOONE-HOUSTON  
1-R.L. WHITE-MIDLAND  
1-FILE

GETTY OIL COMPANY

P.O. Box 249, HOBBS, NEW MEXICO 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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>R. L. CLIFTON</b>	Well No. <b>2</b>	Pool Name, including Formation <b>BLINEBRY</b>	Kind of Lease State, Federal or Fee <b>FEE</b>	Lease No.
Location: Unit: Letter <b>M</b> ; <b>660</b> Feet From The <b>SOUTH</b> Line and <b>810</b> Feet From The <b>WEST</b> Line of Section <b>4</b> Township <b>22-S</b> Range <b>37-E</b> , NMPM, <b>LEA</b>				

EFFECTIVE JANUARY 31, 1977

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SKELLY OIL COMPANY MERGED  
INTO GETTY OIL COMPANY.

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>TEXAS NEW MEXICO PIPELINE COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1510, MIDLAND, TEXAS 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>SKELLY OIL COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1135, EUNICE, NEW MEXICO 88231</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>4</b>	Twp. <b>22</b>	Rge. <b>37</b>	Is gas actually connected? <b>YES</b>	When <b>3-10-75</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-495**

III. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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 CEMENT LOG RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of oil and must be able 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	Condensate	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 (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.

C.L. Wade; C.L. Wade  
(Signature)

AREA SUPERINTENDENT  
(Title)

MARCH 16, 1976  
(Date)

WLG/bh

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Jerry S. [Signature]  
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 pertinent information.