

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

AND
AL ORIZATION TO TRANSPORT OIL AND I URAL GAS
5-NMOCC
1-W.L. BOONE-HOUSTON
1-DIST.PROD. MANAGER - MIDLAND
1-FILE

Operator
GETTY OIL COMPANY

Address
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 R. L. CLIFTON	Well No. 2	Pool Name, Including Formation DRINKARD	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter M 660 Feet From The SOUTH Line and 810 Feet From The WEST 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 type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
SKELLY OIL COMPANY	P. O. BOX 1135, EUNICE, NEW MEXICO					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					YES	2-21-74

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.
		X		X				X
Date Spudded: REWORK 1-7-74	Date Compl. Ready to Prod. 2-21-74	Total Depth 8097'	P.B.T.D. 6500'					
Elevations (DF, RKB, RT, GR, etc.) 3442 D.F.	Name of Producing Formation DRINKARD	Top Oil/Gas Pay	Tubing Depth					
Perforations 6288-6484' (PERFS. 6288, 99, & 6309' isolated by dual packers.)			Depth Casing Shoe 8096'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
NO CHANGE								

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 2-21-74	Date of Test 2-25-74	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24 HOURS	Tubing Pressure 630	Casing Pressure --	Choke Size 22/64"
Actual Prod. During Test 0	Oil-Bbls. 0	Water-Bbls. 0	Gas-MCF 1501

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

VI. 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: P. L. Wade

AREA SUPERINTENDENT

FEBRUARY 25, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 such change of condition.

Separate Forms G-104 must be filed for each pool in multiple-completed wells.