

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

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-NMOCC
1-W.L. Boone-Houston
1-Dist. Prod.Mgr.-Midland
1-File

Effective 1-1-65

Operator GETTY OIL COMPANY	
Address P.O. BOX 249, HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Will be a dual Blinebry-Drinkard completion.
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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 BLINEBRY	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 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, 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 M	Sec. 4 +	Twp. 22	Rge. 37	Is gas actually connected? YES	When 2-02-74

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 XX	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v. X	Diff. Res'v.
Date Spudded 1--7--74	REWORK	Date Compl. Ready to Prod. 2-14-74	Total Depth 8097	P.B.T.D. 6500'				
Elevations (DF, RKB, RT, GR, etc.) 3442 D.F.	Name of Producing Formation BLINEBRY		Top Oil/Gas Pay 5544	Tubing Depth				
Perforations 5544-5747				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 2-19-74	Date of Test 2-21-74	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24	Tubing Pressure PACKER	Casing Pressure 440	Choke Size 22/64
Actual Prod. During Test 66	Oil-Bbls. 66	Water-Bbls. 0	Gas-MCF 980

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

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: C. L. Wade
(Signature)

AREA SUPERINTENDENT
(Title)

FEBRUARY 22, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

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 multiply completed wells.

WLG/wh