

OIL CONSERVATION DIVISION

P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-79

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

0+6-NMOCD-Hobbs
1-File
1-Engr. PJB
1-Foreman CRM
1-JA
1-CP
1-CB
1-BB

DATE OF FILING	
REGISTRATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator
Getty Oil Company
Address
P.O. Box 730, Hobbs, New Mexico 88240

*Correction
ad & Transporters*

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>

Other (Please explain)
Change in Ownership

If change of ownership give name and address of previous owner: Sohio Petroleum Company, P.O. Box 3000, Midland, TX 79702

III. DESCRIPTION OF WELL AND LEASE

Lease Name B.A. Christmas Cowden	Well No. 1	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No. -
Location Unit Letter <u>H</u> : <u>2200</u> Feet From The <u>North</u> Line and <u>880</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>22S</u> Range <u>37E</u> , NMPM, Lea County					

IV. 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 Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Crude Gathering	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3000, Tulsa, Okla. 74102	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 5
	Twp. 22S	Rge. 37E
	Is gas actually connected? <u>Yes</u> When	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
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		

VI. 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 (pilot, 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.

Donald J. Skinner
(Signature)
D.R. Crockett
Area Superintendent

(Title)

August 18, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 19 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I 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 deviated 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 conditions.

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

RECEIVED
AUG 18 1983
D.C.D.
HOBBS OFFICE

FOR THE DIRECTOR
OF THE FBI

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