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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOCD-HOBBS 1-Engr-PJB
1-Admin. Unit-Midland
1-File
1-Foreman-CM
1-Arco-Midland

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator

GETTY OIL COMPANY

Address

P. O. BOX 730, Hobbs, New Mexico 88240

Reason(s) for filing *(Check proper box)*

New Well ☐
Recompletion, XX
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
BAKER B	13	DRINKARD	~~State~~ ~~Federal~~ or Fee FEE	—

Location

Unit Letter L : 1980 Feet From The SOUTH Line and 990 Feet From The WEST

Line of Section 10 Township 22-S Range 37-E , NMPM, County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
SHELL PIPELINE CORPORATION	P. O. BOX 2648, HOUSTON, TEXAS 77002
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
GETTY OIL COMPANY P.	O. BOX 1137, EUNICE, N.M. 88231

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	10	22-S	37-E	YES	

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

COMPLETION DATA

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

Date ~~Spudded~~ WO	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-17-80	1-12-81	6540'	6450'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3419' D.F.	DRINKARD	6370'	6370'
Perforations 1 (.33") SPF @ 6370-72;6378-82;6386-93;6397-6400'6406-10;6412-14; 6422-24 = 32 Holes			**Depth Casing Shoe** 6540'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15-1/2	13-3/8	175	150
11-1/4	9-5/8	2725	1000
8-1/4	7	5200	350
6-1/4 (LINER)	4-1/2	6540	250

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
1-12-81	1-28-81	PUMP	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hrs.	–	—	—
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
1	1	0	363

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.

Dale R. Crockett: _____
(Signature)

AREA SUPERINTENDENT
(Title)

February 5, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 13 1981, 19 _____

BY _____

TITLE SUPERVISOR DISTRICT I

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.