

Oil Well Completion Report
Form C-104
Revised 10-1-83

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- 0+6-NMOCD-Hobbs
- 1-File
- 1-Engr. PJB
- 1-Foreman CRM
- 1-Mr. J.A.-Midland
- 1-Laura Richardson-Midland
- 1-JA, 1-CP, 1-SH, 1-BB

Getty Oil Company
Address
P.O. Box 730, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain)
Corrected name change per NMOCD-Santa Fe Ms. McDonald

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

DESCRIPTION OF WELL AND LEASE

Lease Name J.V. Baker	Well No. 10	Pool Name, Including Formation Blinebry	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter A : 660 Feet From The North Line and 330 Feet From The East Line of Section 27 Township 22S Range 37E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, TX 77001			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, NM 88231			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 27	Twp. 22S	Rge. 37E
	Is gas actually connected?		When	
	Yes		Unknown	

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 Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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

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

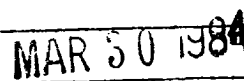
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

 Dale R. Crockett
(Signature)
Area Superintendent
(Title)
March 26, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1984
BY  MAR 30 1984
ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 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 deviation logs 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 Form C-104 must be filed for each pool in multiply-completed wells.

RECEIVED
MAR 27 1984
O.C.D.
HOBBS OFFICE