

OIL CONSERVATION DIVISION

DATE: 1/27/84

0+6-NMOCD-Hobbs

1-File

1-Engr. PJB

1-Foreman CRM

1-Mr. J.A. Midland

1-Laura Richardson-Midland

1-BB, 1-JA, 1-CP, 1-CB

REQUEST FOR ALLOWABLE
AND

Authorization to Transport Oil and Natural Gas

NAME OF OPERATOR	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	
TIME	
OPERATOR	
OPERATION	
OPERATION OF	

Getty Oil Company

Address

P.O. Box 730, Hobbs, NM 8824

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☒

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Change in zones from Drinkard to Blinebry

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name J.V. Baker Bty. 2	Well No. 10	Pool Name, including Formation Blinebry Oil & Gas	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, NMFM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Co.	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 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) X	Oil Well ☒	Gas Well ☐	New Well ☐	Workover ☒	Deepen ☐	Plug Back ☒	Same Resrv. ☐	Diff. Resrv. ☐
Date Spudded	Date Compl. Ready to Prod. 1/10/84		Total Depth 6458'		P.B.T.D. 6228'			
Elevations (DF, RAB, RT, GR, etc.) 3339' D.F.	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5589		Tubing Depth 5803'			
Perforations 5589'-5791', 1 SPF (43 holes)					Depth Casing Shoe -			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		2700'		1400			
7 7/8"	5 1/2"		6423'		200			

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)

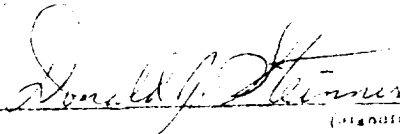
Date First New Oil Run To Tanks 1/10/84	Date of Test 1/26/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hour	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 37	Water-Bbls. 21	Gas-MCF 93

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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

(Date)

January 27, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1984

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

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 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 change of owner well name or number, or transporter or other such change of condition.

Separate forms must be filed for each pool in multi-completed wells.

RECEIVED
JAN 31 1984
O.C.D.
HOBBS OFFICE