

OIL CONSERVATION DIVISION  
P. O. BOX 1000  
SANTA FE, NEW MEXICO 87501

Form O-104  
Revised 10-1-78

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-BB  
1-CP 1-Laura Richardson-  
1-CB Midland

NAME OF OPERATOR	
REGISTRATION OFFICE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	

Getty Oil Company	
Address P.O. Box 730, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Recompleted from Drinkard to Blinebry
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

I. DESCRIPTION OF WELL AND LEASE

Lease Name J.V. Baker	Well No. 11	Pool Name, including Formation Blinebry	Kind of Lease State, Federal or Fee	Lease No. -
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>22S</u> Range <u>37E</u> , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 B	Sec. 27	Twp. 22S	Rge. 37E	Is gas actually connected? Yes	When Unknown

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 7-20-83	Total Depth 6452'	P.B.T.D. 5588'					
Elevations (DF, RKB, RT, GR, etc.) 3342' DF	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5802'	Tubing Depth 5568'					
Perforations 5588-5802'; 47 holes, .50" holes		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	2700'	1400 SXS
7 7/8	5 1/2	6429'	800 SXS

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 7-20-83	Date of Test 7-21-83	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 25	Water-Bbls. 72	Gas-MCF 39

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

1. 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.

*[Signature]* D.R. Crockett  
(Signature)  
Area Superintendent

July 21, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 1 1983, 19

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 allowance 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 allowance on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completion wells.

RECEIVED  
JUL 29 1983  
G.C.D.  
HOBBS OFFICE