		4		•							
	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COM NON Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C									
	RTAFE										
	LE	AND Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
	0 C.S.										
	AND OFFICE										
	RANSPORTER GAS										
	OPERATOR										
1.	PROPATION OFFICE Certification Control										
	Adiress										
	Peason(s) for filing (Check proper box) Other (Please explain)										
	ew Weli	Change in Transporter of:									
	Recompletion	Oil Dry G									
	Change in Ownership Casinghead Gas Condensate										
	If change of ownership give name and address of previous owner			,							
II.	DESCRIPTION OF WELL AND	IFACE									
	Lease Name	Well No. Pool Name, Including)	Formation Kind of I	_ease Lease No.							
	Location		State, Fe	, Federal or Fee							
	Unit Letter ; Feet From The Line and Feet From The										
	Line of Section To	wnship Range	, NMPM,	lea County							
				County County							
III.	DESIGNATION OF TRANSPOR		AS								
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which a	pproved copy of this form is to be sent)							
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved convolthis form is to be conti-										
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)										
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.	Is gas actually connected?	When							
¥ u >	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	EFFECTIVE IANUARY 31 1077							
•••	1	Oil Well Gas Well New Well Workover Deegen NELLY OIL COMPANY INCHCE									
	Designate Type of Completion - (X)			INTO GETTY OIL COMPANY.							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	Filmer (DE older or										
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oli/Gas Pay	Tubing Depth							
	Perforations			Depth Casing Shoe							
	TUBING, CASING, AND CEMENTING RECORD										
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
v	TEST DATA AND DECUEST EA	OD ATY OWARY E									
	TEST DATA AND REQUEST FOOLL WELL		fier recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top allow-							
	Date First New Cil Run To Tanks			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

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Length of Test

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.

(Signature)

(Title)

(Date)

.....ANAL SIGNED BY. H. S. WINSTON

Tubing Pressure (Shut-in)

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

APPROVED	, 19
BY	
TITLE	
	3

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, sell name or number, or transporter, or other such change of condition. Canasata Rooma CatOd must be fited for each and in multiple

		~		~		s 🕶 🚆				
DISTRIBUTION ANTA FE ILE .S.G.S.		NEW MEXICO OII	L CONSERVATION COM	JION	Form C-104					
		REQUEST FOR ALLOWABLE 'AND				Supersedes Old C-104 and C-				
					Effective 1-	1-65				
		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
1011										
TRANSPORTER GAS										
OPERATOR										
PRORATION OFFICE										
Operator Company of the Company of t										
Cotro - in or versions										
Address Aud out out also actions, out orts, sixes Volu-										
Reason(s) for filing (Check p	roper hox l	od o Ode Odesty s								
New Well	•	nange in Transporter of:	Other (Please	explain)						
Recompletion	Oi	. —	Gas G							
Change in Ownership	Ca	singhead Gas Con	ndensate							
If change of aumerahin since										
If change of ownership give and address of previous own	name ner <u>Joc</u>	in the second of the second	Land Bullet	oi see sou	. National and	2.75 %				
DD000000000000000000000000000000000000										
DESCRIPTION OF WELL		ell No. Pool Name, Including	a Formation		·					
177 1350	i i	ell No. Pool Name, Including	f i	Kind of Lease	-	Lease No.				
Location		1 3 3 3 3 3		State, Federal or F	ee au tau .					
Unit Letter		eat From The Common Common	Line and		· • •					
Ome Detter	F6				L					
Line of Section 4	Township	Range	.7 . , NMPM,		Lea	County				
			-			County				
DESIGNATION OF TRAN Name of Authorized Transport	SPORTER OF	OIL AND NATURAL (GAS							
	_		Address (Give address to	which approved co	ppy of this form is	to be sent)				
Name of Authorized Transport	er of Casinghead	Gas Co. Dry Gas C	.01511, 15	lais, sumas						
and the same		ous [] or Dry Gds []	Address (Give address to		ppy of this form is	to be sent)				
If well produces oil or liquids	7.1-44	Sec. Twp. Rge.	Is gas actually connected	d? When						
give location of tanks.	! .	1.7-	្រ ប៉ុន្មា ប្រែក្រុ	i 7	77. 73					
f this production is commin COMPLETION DATA	gled with that fr	com any other lease or noo	al give commingling order	number water						
COMPLETION DATA				CALLE CA	IVE JANUAR	Y 31, 1077,				
Designate Type of Co	mpletion - (X)	Oil Well Gas Well	New Well Workover			MY MERGE				
Date Spudded						OMPANY.				
Date Spaaded	Date Co	ompl. Ready to Prod.	Total Depth	P.E	.T.D.					
Elevations (DF, RKB, RT, GR	etc i Name of	Producing Formation	Top Oil/Gas Pay							
			. op Oil/ Gds Fay	1 445	Tubing Depth					
5 /			i	ı						
Perforations				Dep	th Casina Shoe					
Periorations				Dep	th Casing Shoe					
Periorations		TUBING, CASING, A	ND CEMENTING RECORD		th Casing Shoe					
HOLE SIZE	CA	TUBING, CASING, AP	ND CEMENTING RECORD		th Casing Shoe	MENT				
	CA				· · · · · · · · · · · · · · · · · · ·	MENT				
	CA				· · · · · · · · · · · · · · · · · · ·	MENT				
	CA				· · · · · · · · · · · · · · · · · · ·	MENT				
HOLE SIZE		ASING & TUBING SIZE	DEPTH SE	r	SACKS CE					
HOLE SIZE TEST DATA AND REQUI		ASING & TUBING SIZE OWABLE (Test must be	DEPTH SE	r	SACKS CE					
HOLE SIZE FEST DATA AND REQUI	EST FOR ALL	OWABLE (Test must be able for this c	DEPTH SE after recovery of total volum depth or be for full 24 hours)	e of load oil and mi	SACKS CE					
HOLE SIZE FEST DATA AND REQUI	EST FOR ALL	OWABLE (Test must be able for this c	DEPTH SE	e of load oil and mi	SACKS CE					
HOLE SIZE FEST DATA AND REQUION, WELL Date First New Oil Run To Ta	EST FOR ALL	OWABLE (Test must be able for this c	DEPTH SE after recovery of total volum depth or be for full 24 hours)	e of load oil and mi	SACKS CE					
HOLE SIZE FEST DATA AND REQUION, WELL Date First New Oil Run To Ta	EST FOR ALL	OWABLE (Test must be able for this c	after recovery of total volum depth or be for full 24 hours) Producing Method (Flow,	e of load oil and mi	SACKS CEI					
HOLE SIZE FEST DATA AND REQUIDIL WELL Date First New Oil Run To Tail Length of Teet	EST FOR ALL	OWABLE (Test must be able for this o	after recovery of total volum depth or be for full 24 hours) Producing Method (Flow,	e of load oil and mu pump, gas lift, etc.	SACKS CEI					
HOLE SIZE FEST DATA AND REQUIDIL WELL Date First New Oil Run To Tail Length of Teet	EST FOR ALL hks Date of Tubing F	OWABLE (Test must be able for this o	after recovery of total volume depth or be for full 24 hours) Producing Method (Flow, Casing Pressure	e of load oil and mu pump, gas lift, etc.	SACKS CEI					
HOLE SIZE TEST DATA AND REQUIOIL, WELL Date First New Oil Run To Tai Length of Test Actual Prod. During Test	EST FOR ALL hks Date of Tubing F	OWABLE (Test must be able for this o	after recovery of total volume depth or be for full 24 hours) Producing Method (Flow, Casing Pressure	e of load oil and mu pump, gas lift, etc.	SACKS CEI					
HOLE SIZE TEST DATA AND REQUIOIL WELL Date First New Oil Run To Tax Length of Test Actual Prod. During Test	CST FOR ALL hks Date of Tubing F	OWABLE (Test must be able for this c	after recovery of total volume depth or be for full 24 hours) Producing Method (Flow, Casing Pressure Water-Bbls.	e of load oil and mi pump, gas lift, etc.	SACKS CEI	exceed top allow				
HOLE SIZE TEST DATA AND REQUIOIL, WELL Date First New Oil Run To Tai Length of Test Actual Prod. During Test	EST FOR ALL hks Date of Tubing F	OWABLE (Test must be able for this c	after recovery of total volume depth or be for full 24 hours) Producing Method (Flow, Casing Pressure	e of load oil and mi pump, gas lift, etc.	SACKS CEI	exceed top allow				
HOLE SIZE TEST DATA AND REQUIOIL, WELL Date First New Oil Run To Tax Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Tubing F	OWABLE (Test must be able for this of Test	after recovery of total volume depth or be for full 24 hours) Producing Method (Flow, Casing Pressure Water-Bbls. Bbls. Condensate/MMCF	e of load oil and mu pump, gas lift, etc. Cho	SACKS CEI	exceed top allow				
HOLE SIZE TEST DATA AND REQUIOIL WELL Date First New Oil Run To Tax Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Tubing F	OWABLE (Test must be able for this c	after recovery of total volume depth or be for full 24 hours) Producing Method (Flow, Casing Pressure Water-Bbls.	e of load oil and mu pump, gas lift, etc. Cho	SACKS CEI	exceed top allow				
HOLE SIZE TEST DATA AND REQUIOIL WELL Date First New Oil Run To Tax Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.	EST FOR ALL Tubing F Oil-Bble Length o	OWABLE (Test must be able for this of Test	after recovery of total volume depth or be for full 24 hours) Producing Method (Flow, Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-i	e of load oil and mi pump, gas lift, etc. Cho Gas Grav	SACKS CEI	exceed top allow				
HOLE SIZE TEST DATA AND REQUIOIL WELL Date First New Oil Run To Tax Length of Teet Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.	EST FOR ALL Tubing F Oil-Bble Length o	OWABLE (Test must be able for this of Test	after recovery of total volume depth or be for full 24 hours) Producing Method (Flow, Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-i	e of load oil and mu pump, gas lift, etc. Cho	SACKS CEI	exceed top allow				
HOLE SIZE TEST DATA AND REQUIOIL WELL Date First New Oil Run To Take Length of Teet Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) CERTIFICATE OF COMP	Tubing F Oil-Bbla Length o Tubing P	OWABLE (Test must be able for this of Test Pressure Test Pressure (Shut-in)	after recovery of total volume depth or be for full 24 hours) Producing Method (Flow, Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-i	e of load oil and mapump, gas lift, etc. Choose Gas Grave DNSERVATION	SACKS CEI	exceed top allow				
HOLE SIZE TEST DATA AND REQUIOIL WELL Date First New Oil Run To Tax Length of Test Actual Prod. During Test	CST FOR ALL hks Date of Tubing F Oil-Bbla Length o Tubing P LIANCE and regulation slied with and the state of the st	OWABLE (Test must be able for this of Test Pressure S. Of Test Pressure (Shut-in)	after recovery of total volume depth or be for full 24 hours) Producing Method (Flow, Casing Pressure Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-i	e of load oil and mapump, gas lift, etc. Choose Gas Grave DNSERVATION	SACKS CEI	exceed top allow				

Jon 11 Jamey Dist. I, Supv.

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.

TITLE .

UMGINAL SIGNED BY. H. S. WINSTON

(Signature)

(Title)

(Date)

. į int

1-1-74

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. Sanarata Forms C-104 must be filed for each real in multiple