

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

Getty Oil Company

P.O. Box 730, Hobbs, NM 88240

Assign(s) for this well (check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Went on line
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name E.N. Grizzell	Well No. 2	Pool Name, including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>G</u> : <u>1880</u> Feet From The <u>North</u> Line and <u>2090</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>22S</u> Range <u>37E</u> , NMPM. Lea County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, TX 79702				
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) P.O. Box 1137, Eunice, NM 88231				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 6	Twp. 22S	Rge. 37E	Is gas actually connected? <u>Yes</u> When <u>9/21/84</u>

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'v.	Drill. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, 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/MCF	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

Area Superintendent

September 26, 1984

OIL CONSERVATION DIVISION

OCT - 1 1984

APPROVED _____, 19

Eddie W. Seay

BY _____
Oil & Gas Inspector

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-completed wells.

RECEIVED

SEP 28 1984

NO. 12 OFFICE