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REG. DIV.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-103
Supersedes Old O-101 and O-102
Effective 1-1-65

0+3-NMOCD
1-Mr. Frnka-Tulsa
1-A.B. Cary-Midland
1-File
1-JDM-Engr.
1- BWI-Foreman
1-BB-Ofc.Tech.

GETTY OIL COMPANY

Address
P.O. BOX 730, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	Change in name from Myers Langlie Mattix Unit Well No. 243 to Myers Langlie Mattix Unit Well No. 998	
Incompletion ☐	Change in Ownership ☐		

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Myers Langlie Mattix Unit	Well No. 998	Pool Name, including Formation Langlie Mattix (Queen)	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u> Line of Section <u>12</u> Township <u>24S</u> Range <u>36E</u> , <u>NMPM</u> , <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of 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.	Range
		Is gas actually transported? When

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 Resv. Type
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.S.D.D.		
Directions (Dr., R.E.B., RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Telling 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 (Test must be after recovery of total volume of lost oil and must be equal to or exceed top all oil well)

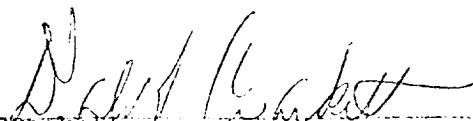
Test - First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Test - Last Test	Tubing Pressure	Casing Pressure	Choke Size
Test - First, During Test	Oil - bbls.	Water - bbls.	Gas - MCF

Oil Well

Water Prod. Test - MCF/D	Length of Test	Water - Condensate - MCF	Gravity of Condensate
Testing Method (first, last, etc.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

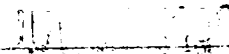
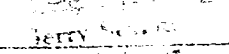
CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission 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

July 8, 1980

OIL CONSERVATION COMMISSION

APPROVED  19
BY 
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 certification of the results taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for all wells on new and re-completed wells.
This form is to be filed in compliance with RULE 1104, and VI for changes of name.