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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOCC-HOBBS ✓ 1-HCL, FOREMAN
1-R.J. STARRAK-TULSA 10-WIO's
1-A.B. CARY-MIDLAND 1-BH, FIELD CLERK
1-ELB, ENGR. 1-FILE

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

Operator
Getty Oil Company

Address
P. O. Box 730, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Myers Langlie Mattix Unit 25	Well No. 25	Pool Name, including Formation Langlie Mattix	Kind of Lease XXX, Federal XXX	Lease No. LC-057420
Location Unit Letter <u>J</u> : <u>1880</u> Feet From The <u>South</u> Line and <u>2080</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>23-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79999
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>5</u> Twp. <u>24S</u> Rge. <u>37E</u> Is gas actually connected? <u>Yes</u> When <u>8-24-78</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☒	Gas Well ☐	New Well ☒	Workover ☐	Deepen ☐	Plug Back ☐	Same Resv. ☐	Unl. Resv. ☐
Date Spudded 7-27-78	Date Compl. Ready to Prod. 8-24-78		Total Depth 3744		P.D.T.D. 3697			
Elevations (DF, RKB, RT, GR, etc.) 3316 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3397		Tubing Depth 3538			
Perforations 3397, 3410, 62, 83, 91, 3506, 16, 21, 52, 62, 68, 73, 78, 88, & 98 = 15 (.38") holes					Depth Casing Shoe 3744			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		504		35 sxs. circ.			
7 7/8	5 1/2		3744		210 sxs. circ.			
	2 3/8							

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 8-25-78	Date of Test 9-15-78	Producing Method (Flow, pump, gas lift, etc.) Pump 2" x 1 1/2" x 16'	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 2	Oil - Bbls. 1	Water - Bbls. 1	Gas - MCF 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Lbbs. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

W. T. Thomas: W. T. Thomas

(Signature)

Area Engineer

(Title)

10/17/78

(Date)

RH/de

OIL CONSERVATION COMMISSION

OCT 19 1978

APPROVED

BY

TITLE SUPERVISOR DISTRICT 1

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 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.