

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION	Form C-101 Supersedes Old C-101 and C-111 Effective 1-1-65
DISTRIBUTION		REQUEST FOR ALLOWABLE AND	
SANTA FE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS	5-NMOCD-Hobbs 1-Adm. Unit-Midland 1-File 1-JDM-Engr.	1-BWI-MIMU 1-WLG
OPERATOR			
PRODUCTION OFFICE			

Operator Getty Oil Company	
Address P.O. Box 730, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change name: From Myers Langlie Mattix Unit Well No. 58
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of Oil ☐	
Oil ☐	
Casinghead Gas ☐	
Dry Gas ☐	
Condensate ☐	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE			
Lease Name Myers Langlie Mattix Unit	Well No. 994	Pool Name, including Formation Langlie Mattix - Queen	Kind of Lease State, Federal or Fee ☒
Lease No. B-1327			
Location			
Unit Letter D	: 660	Feet From The North	Line and 660 Feet From The West
Line of Section 32	Township 23S	Range 37E	County Lea

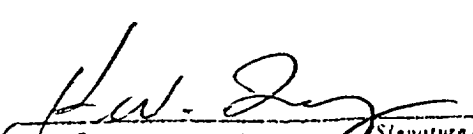
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☐	or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐	or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
			Pge.
			Is gas actually connected? 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 Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, 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/MMCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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	(Title)
April 24, 1981	(Date)

OIL CONSERVATION COMMISSION	
APR 27 1981	
APPROVED	19
BY	Jerry Sexton
TITLE	Dist. L. Super.
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 points taken on the well in accordance with RULE 111.	
All portions of this form must be filled out completely for allowable on new and re-completed 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.	