

NEW MEXICO
DEPARTMENT OF REVENUE
DIVISION OF OIL AND NATURAL GAS
REQUEST FOR ALLOWABLE
AND
INFORMATION TO TRANSPORT OIL AND NATURAL GAS

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

Getty Oil Company

P.O. Box 730, Hobbs, NM 88240

Reason(s) for filing (check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Well Name Change

Per Donna McDonald/Santa Fe, NMOCD

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name G.D. Riggs B	Well No. 7	Pool Name, including Formation Justis Blinebry	Kind of Lease State, Federal or Fee Fed.	Lease No.
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>26S</u> Range <u>37E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, TX					
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) Box 1384, Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 1	Twp. 26	Rge. 37	Is gas actually connected? Yes	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.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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 (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
(Signature)

Area Superintendent

(Title)

June 28, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL - 2 1984

BY Eddie W. Seay
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 deviated 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, well name or number, or transporter, or other such change of conductive.
Separate Forms C-104 must be filed for each pool in multiple completed wells.