6-NMOCD-Hobbs
1-File
1-Mgr. Jim
1-Foreman OK
1-Mr. [illegible]-Midland
1-Laura Richardson-Midland
1-JA, 1-SH, 1-BB, 1-CP

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	[X]	Oil	[ ]	Dry Gas	[ ]
Change in Ownership	[ ]	Casinghead Gas	[ ]	Condensate	[ ]

Other (Please explain)
Downhole Commingled Blinebry - Queen

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
G.D. Riggs B	8	Justis Blinebry	State, Federal or Fee Federal	LC-049439

Location
Unit Letter B : 330 Feet From The North Line and 1650 Feet From The East

Line of Section 1 Township 26S Range 37E, NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company	P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 1384, Jal, NM 88252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	1	26S	37E	Yes	10/6/62

If this production is commingled with that from any other lease or pool, give commingling order number: PC-640

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X				

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/21/62	2/14/84	5900'	5045'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3030 GL	Blinebry ~~Langlie Mattix~~	3169'	5444'
Perforations			**Depth Casing Shoe**
~~3169~~-~~3292~~ ~~Langlie~~ ~~Mattix~~ and 5111-5402' Blinebry			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 3/4	8 5/8	907	450 sxs
7 7/8	5 1/2	5900	582 sxs

IV. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/15/84	2/17/84	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
9 bbls	9	11	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

V. CERTIFICATE OF C

I hereby certify that th
Division have been c
above is true and cor

ILLEGIBLE ... and belief.

Dale R. Crockett
(Signature)
Area Superintendent
(Title)
February 28, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 1 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 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 condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.