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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

5-NMOCC-HOBBS
1-R. J. STARRAK-TULSA
1-A. B. CARY-MIDLAND
1-ELB, ENGR.
1-CK, FOREMAN
1-DM, ASST. ENGR.
1-BH, FIELD CLK
1-FILE
1-ARCO

Operator
Getty Oil Company

Address
P. O. Box 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [X]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

ILLEGIBLE

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Incl. Ft. Formation	Kind of Lease	Lease No.
Mexico "L"	3	Dollarhide Fusselman	State, ~~Federal or Fee~~	B-9312

Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East

Line of Section 5 Township 25-S Range 38-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Texas NM Pipeline 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 [X] 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, Texas 79910

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	5	25S	38E	Yes	

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-11

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 ~~xxxxx~~ Recompletion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-8-79	1-2/24/79 & 2-5/26/79	10,215'	8800'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3168' DF	Fusselman	8298'	8356'

Perforations	Depth Casing Shoe
8298-8308'	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18"	13"	260'	260 sxs
12 1/4"	9 5/8"	3150'	1900 sxs
7 7/8"	5 1/2"	10,215'	1470 sxs
	2 7/8	8356'	

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.)
5-25-79	5-28-79	Pump 8 x 144 SPM

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	–	–	–

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
22 bbls.	10	12	7

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

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)
June 25, 1979
(Date)

BH/de

OIL CONSERVATION COMMISSION

APPROVED JUL 27 1979, 19
BY
TITLE SUPERVISOR DISTRICT I

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 operator, well name or number, or transporter, or other such change of condition.