

NAME OF WELL	
LAND OWNER	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

0-5-NMOCD-Hobbs
1-File
1-Engr. Jim
Foreman CK
1-BW
1-Laura Richardson
1-JA
1-CF, 1-CB, 1-BW, 1-BB

Getty Oil Company

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

Old well name Justis McKee Unit Well #702
New well name L.M. Buffington B Well #2

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name L.M. Buffington B	Well No. 2	Pool Name, Including Formation Justis McKee	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>25S</u> Range <u>38E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas	
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, NM	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 19
	Twp. 25S	Rge. 38E
	Is gas actually connected?	When yes 1959

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 Reatv.	Diff. Reatv.
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					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing 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/MCF	Gravity of Condensate
Testing Method (Pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION
APPROVED MAR 15 1983, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____
This form is to be filed in compliance with RULE 1101.
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 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.
Separate Forms 1001 must be filed for each pool in multi-

D.R. Crockett
(Signature)

Area Superintendent
(Title)

March 11, 1983
(Date)

RECEIVED
MAR 14 1983
O.C.D.
HOABS OFFICE