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U.S.G.S.	
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-110  
Effective 1-1-65

I. Operator **GETTY OIL COMPANY**

Address **P. O. Box 249, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner **Tidewater Oil Company, Box 249, Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	<b>Justin's McKee Unit</b>	Well No.	<b>702</b>	Pool Name, including Formation	<b>Justin's McKee</b>	Kind of Lease	<b>Fee</b>		
Location	<b>L</b>	<b>1650</b>	Feet From The	<b>South</b>	Line and	<b>330</b>	Feet From The	<b>West</b>	
Unit Letter	<b>19</b>	Township	<b>25S</b>	Range	<b>38E</b>	Section	<b>10A</b>	County	<b>Lea</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	<b>Shell Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent)	<b>Box 1910, Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas or Dry Gas	<b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent)	<b>Box 1384, Jal., New Mexico</b>
If well produces oil or liquid gas, give location of tanks.	Unit <b>M</b> Sec. <b>19</b> Twp. <b>25</b> Range <b>38</b>	Is gas actually produced?	<b>Yes</b>
		When	<b>1959</b>

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	B.P.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Testing 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	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 MCF/D	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.

**C. P. Wade**  
(Signature)  
**Area Superintendent**

**September 30, 1967**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_

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 Sections I, II, III, and VI only 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 multi-ported wells.