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U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes O.C. 104 and C-110
Effective 1-1-65

I. OPERATOR
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 ☐ Change in Transporter ☐
Recompletion ☐ Oil ☒ City Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

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 Justis McKee Unit 505 Justis McKee State
Location
Unit Letter D 330 Feet From The North Line 330 Feet From The West
Line of Section 30 Township 25S Range 38E Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Give address to which approved copy of this form is to be sent
Shell Pipeline Co. Box 1910, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or City Gas ☐ Give address to which approved copy of this form is to be sent
El Paso Natural Gas Co. Box 1384, Jal, New Mexico
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Range Date of completion
B 24 25 37 Yes 1-1-66

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	Stim. Treat.	Diff. Resist.
Date Spudded	Date Compl. Ready to Prod.		Date Test		Flow Test			
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/MMCF	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. E. Wade
(Signature)

Area Superintendent
(Title)

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 well name or number, or transporter, or other such change of

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