

DISTRIBUTION	
SA ITA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMM. ON

REQUEST FOR ALLOWABLE
ANDForm C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O+4-NMOCC-HOBBS

1-R.J. STARRAK-Floor 15-TULSA

1-A.B. Cary-Midland

1-File

1-Energy Resources Board, P.O. Box 2088, Santa Fe, N.M. 87501

CORRECTED COPY

Operator
GETTY OIL COMPANYAddress
P.O. BOX 730, HOBBS, NEW MEXICO 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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MYERS LANGLIE MATTIX UNIT	Well No. 74	Pool Name, including Formation LANGLIE MATTIX	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter H; 1880 Feet From The NORTH Line and 560 Feet From The EAST Line of Section 31 Township 23-S Range 37-E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS NEW MEXICO PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1510, MIDLAND, TEXAS 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO TEXAS 79999			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 31	Twp. 23-S	Rge. 37-E
Is gas actually connected?			When	
YES			12-11-77	

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 Res'tv.	Diff. Res'tv.
			XX					
Date Spudded 11-15-77	Date Compl. Ready to Prod. 12-1-77		Total Depth 3708'		P.B.T.D. 3675'			
Elevations (DF, RKB, RT, GR, etc.) 3329' GL	Name of Producing Formation QUEEN		Top Oil/Gas Pay 3497'		Tubing Depth 3650'			
Perforations 3497, 3506, 24, 36, 40, 58, 65, 74, 80, 84, 91, 97, 3607, 12, 19, 26, 32, 48, 51, & 56 (20 Holes) .42					Depth Casing Shoe 2708'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		500'		225 Sxs.			
7-7/8"	5-1/2"		3708'		1000 Sxs.			
	2-3/8"		3650'					

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 12-11-77	Date of Test 12-14-77	Producing Method (Flow, pump, gas lift, etc.) PUMP 2 X 1-1/2 X 12	
Length of Test 24 Hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 75	Oil-Bbls. 40	Water-Bbls. 35	Gas-MCF 21

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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 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)

JANUARY 9, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 10 1978, 19

BY SUPERVISOR DISTRICT I

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.