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LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOCC-HOBBS
1-R.J. STARRAK-TULSA
1-A. B. CARY-MIDLAND
1-ENERGY RESOURCES BOARD - SANTA FE
1-FILE

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

Operator
GETTY OIL COMPANY

Address
P. O. BOX 730, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)
New Well [XX]
Recompletion [ ]
Change in Ownership [ ]

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

Other (Please explain)

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
MYERS LANGLIE MATTIX UNIT	77	LANGLIE MATTIX	State, Federal or Fee STATE	B-1327

Location
Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST

Line of Section 32 Township 23-S Range 37-E, NMPM, LEA County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]
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 [XX] or Dry Gas [ ]
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	5	24-S	37-E	YES	2-14-78

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 Resv.	Diff. Resv.
	XX		XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12-29-77	2-14-78	3732	3717
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3295' GL	QUEEN	3429	3651.39
Perforations			**Depth Casing Shoe**
3429-3684'			3732

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8-5/8	495	300 Sacks
7-7/8	5-1/2	~~1050~~ 3732	1050 Sacks
	2-3/8	3651.39	

V. 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.)	
2-9-78	2-14-78	PUMP 2 X 1-1/2 X 12 INSERT	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 Hrs.	-	-	-
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
37	26	11	100

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**

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: Dale R. Crockett
(Signature)

AREA SUPERINTENDENT
(Title)

FEBRUARY 24, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 1978, 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.