

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOCC-Hobbs

1-Mr. R. J. Starrak - Tulsa

1-Mr. A. B. Cary - Midland

1-Energy Resources Board; 5-NMOCC, Box 2088, Santa Fe, N.M. 87501

1-File

Operator
GETTY OIL COMPANY 7-WIOAddress
P. O. BOX 730, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

New Well ☒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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
MYERS LANGLIE MATTIX UNIT	32	LANGLIE MATTIX	State, Federal or Fee FEDERAL	NM21644
Location				
Unit Letter	I	760 Feet From The	EAST Line and	1980 Feet From The
Line of Section	25	Township	23 SOUTH	Range
			36 EAST	N.M.P.M., LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
TEXAS NEW MEXICO PIPELINE COMPANY	P.O. BOX 1510, MIDLAND, TEXAS 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
EL PASO NATURAL GAS COMPANY	P. O. BOX 1492, EL PASO, TEXAS 79999	
If well produces oil or liquids, give location of tanks.	Unit K	Soc. 31
	Twp. 23-S	Rge. 37-E
	Is gas actually connected?	When
	YES	1-28-78

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		XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
11-23-77	1-16-78	3731'	3664'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3344' GR	QUEEN	3478'	3631'					
Perforations			Depth Casing Shoe					
			3731'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11"	8-5/8"	500'	300 Sacks					
7-7/8"	5-1/2"	3731'	1000 Sacks					
	2-3/8"	3631'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead 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.)	
1-28-78	1-29-78	PUMP 2 X 1-1/2 X 12 INSERT	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	-	-	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
141	61	80 BLW	85

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (knot-in)	Casing Pressure (knot-in)	Choke Size

I. 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 31, 1978

OIL CONSERVATION COMMISSION

APPROVED

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 deviated tests taken on the well in accordance with RULE 111.

All portions 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 change of owner, well name or number, or transporter, or other such change of conditions.