

NO. OF COPIES RECEIVED		MEXICO OIL CONSERVATION COMMISSION		Form C-104 Superseding Old C-101 and C-110 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE AND			
SALE PRICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
FILE		5-NMOCC-HOBBS			
U.S.G.S.		1-R. J. STARRAK-TULSA			
LAND OFFICE		1-A. B. CARY-MIDLAND			
TRANSPORTER		1-ELB, ENGR.			
OIL		1-HC, FOREMAN			
GAS		1-FILE			
OPERATOR		1-BH, FIELD CLK			
PRODUCTION OFFICE		1-SOUTHLAND ROYALTY, Midland			
Operator		1100 Wall Towers West			
Getty Oil Company		Midland, Texas			
Address		P. O. Box 730, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well ☒		Change in Transporter of:			
Recompletion ☐		Oil ☐ Dry Gas ☐			
Change in Ownership ☐		Casinghead Gas ☐ Condensate ☐			

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

DESCRIPTION OF WELL AND LEASE <i>East Prairie Draw - Atoka Gas R-6211</i>		Kind of Lease		Lease No.	
Lease Name		Well No. Pool Name, Including Formation		State, Midland	
State 29 "J"		1 Wildcat		LG-5547	
Location					
Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>					
Line of Section <u>29</u> Township <u>24-S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☐ or Condensate ☒		P. O. Box 1142, Midland, Texas 79702	
Western Crude Oil, Inc. - Trucks		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒		P. O. Box 2521, Houston, Texas 77001	
Transwestern Pipeline Co.		Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.		Unit Sec. Twp. Rge. Yes 10/31/79	
J 29 24-S 33-E			

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA		Designate Type of Completion - (X)		Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Unit. Restv.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
12-10-78		4-25-79		17,652'	
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
3520' GL		Atoka		14,310'	
Perforations		18 (.39") holes		Depth Casing Shoe	
14,310-14,16,18,25,26,31,33,37,42,44,46,48,53,55,58,61, & 64				16,932'	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	
26"		20"		637'	
17 1/2"		13 3/8"		5227'	
12 1/4"		9 5/8"		12620	
		2 7/8"		14002'	

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	
Length of Test		Producing Method (Flow, pump, gas lift, etc.)	
Actual Prod. During Test		Tubing Pressure	
		Casing Pressure	
		Choke Size	
		Water - Bbls.	
		Gun - MCF	

GAS WELL		Bbls. Condensate/MCF		Gravity of Condensate	
Actual Prod. Test-MCF/D		Length of Test		55.5 at 60°	
AOF 2,329		6 hrs.		Choke Size	
Testing Method (flow, back pt.)		Tubing Pressure (shut-in)		Various	
4 Pt.		6800 psi		Packer	

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <i>[Signature]</i> <u>NOV 1 1979</u>	
Dale R. Crockett <i>[Signature]</i>		BY <i>[Signature]</i>	
Area Superintendent		TITLE	
November 1, 1979		This form is to be filed in compliance with RULE 1104.	
(Date)		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 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.	