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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOC-D-HOBBS
1-ADMIN. UNIT-MIDLAND
1-FILE

1-JDM-ENGLEHEAD GAS MUST NOT BE
1-CK-FORMERLY AFTER
1-GULF-HOUSTON AN EXCEPTION TO RULE 1104
1-GULF-MIDLAND OBTAINED from J. S. D. S.

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator GETTY OIL COMPANY	
Address P.O. BOX 730, HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of Oil <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name GETTY RIGGS FEDERAL	Well No. 1	Pool Name, Including Formation LANGLIE MATTIX-PENROSE QUEEN	Kind of Lease State, Federal or Free XXXX	Lease No. LC-049439 (a)
Location Unit Letter F; 1650 Feet From The NORTH Line and 2290 Feet From The WEST Line of Section 1 Township 26-SOUTH Range 37-EAST, NMPM, LEA County				

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 79978					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 1	Twp. 26-S	Rge. 37-E	Is gas actually connected? NO	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-5-80	Date Compl. Ready to Prod. 4-6-81		Total Depth 10,666'		P.B.T.D. 3476'			
Elevations (DF, RKB, RT, GR, etc.) 3014.4' G.L.	Name of Producing Formation PENROSE QUEEN		Top Oil/Gas Pay 3290'		Tubing Depth 3636'			
Perforations 1/SPF 3290, 91, 92, 93, 94, 3317, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, & 28= 17 (50") HOLES					Depth Casing Shoe 10,666'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15	11-3/4		850		700			
10-5/8	8-5/8		3715		1450			
	2-7/8		3636					

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 4-6-81	Date of Test 4-6-81	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 49	Oil-Bbls. 38	Water-Bbls. 11	Gas-MCF 15

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

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)

MAY 19, 1981

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY Gregory S. [Signature]
TITLE SUPERVISOR OF OIL

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.