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LAND OFFICE	
TRANSPORTER OIL / GAS	
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

5 - NMOCD - Hobbs
1 - Midland - Admin Unit
1 - File

1 - JM - Engr.
1 - Southland - Midland
1 - Amoco - Houston
1 - Amoco - Hobbs

Operator

Getty Oil Company

Address

P.O. Box 730 Hobbs, NM 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: **CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-1-82 UNLESS AN EXCEPTION TO R-6870 IS OBTAINED.**

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

I. DESCRIPTION OF WELL AND LEASE East Triste Draw Delaware R-6967 5-1-82

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Getty 28 State	1	Undesignated Wildcat	State, Federal or Fee	L-5111

Location

Unit Letter J : 1980 Feet From The South Line and 1680 Feet From The East

Line of Section 28 Township 24-S Range 33-E , NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Western Crude Oil, Inc. (Trucks)	P.O. Box 1142, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co.	P.O. Box 2521, Houston, TX 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	28	24-S	33-E	No	

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

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/5/80	10/23/81	16,225'	8,890'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3485.5' GL	Delaware	8331'	8243'
Perforations			**Depth Casing Shoe**
8331 - 8679' 75 (5") holes			16,225

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	1,014	1200
12 1/4	9 5/8	5,000	2395
8 1/2	7	12,900	2350
	2 3/8	8,243	

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.)	
10/23/81	12/6/81	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
154	1	153	

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
(Signature)

Area Superintendent
(Title)

12/7/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Orig. Signed By
Jerry Sexton

TITLE Dist. I, Supv.

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 operator, well name or number, or transporter, or other such change of condition